

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003778

**Entity Name:** SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2024**  
**Secretary of State**  
**7140633992CC**

**Current Principal Place of Business:**

705 ARROW LN  
KISSIMMEE, FL 34746

**Current Mailing Address:**

705 ARROW LN  
KISSIMMEE, FL 34746 US

**FEI Number: 59-2521868**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILLER, RAYMOND G.  
705 ARROW LANE  
KISSIMMEE, FL 34746 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: RAYMOND G. MILLER**

**03/02/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SALVUCCI, JOHN  
Address        783 FOREST LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            VICE PRESIDENT  
Name            STEINWANDEL, RICHARD  
Address        545 SQUIRE LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            SECRETARY  
Name            MANNING, SHARON  
Address        700 ARROW LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            EXECUTIVE VICE PRESIDENT  
Name            STEINWANDEL, PAUL  
Address        574 CLOVER LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            TREASURER  
Name            MILLER, RAYMOND  
Address        592 ARROW LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR AT LARGE  
Name            DULLEA, LORRAINE  
Address        565 SQUIRE LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR AT LARGE  
Name            MILLER, RAY  
Address        538 SQUIRE LANE  
City-State-Zip: KISSIMMEE FL 34746

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAYMOND G. MILLER**

**TREASURER**

**03/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date