FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **235325** **(8)**

1. Corporation Name
SHERWOOD PARK GOLF INC

Principal Place of Business
170 SHERWOOD FOREST DRIVE
DELRAY BEACH FL 33445
US

Mailing Address
96 NE 4TH AVE
DELRAY BEACH FL 33483

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/11/1960**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-0911591** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ARCHER,ROBERT E
96 NE 4TH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name: NANCY CANARY
82 Street Address (P.O. Box Number is Not Acceptable): 200 N. OCEAN BLVD., APT. 3-N
83
84 City: DELRAY BEACH FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1904, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nancy H. Canary, Pres. DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☒ DELETE
NAME	HERMAN, E F	
STREET ADDRESS	96 NE 4TH AVE	
CITY, ST, ZIP	DELRAY BCH, FL 00000	
TITLE	DV	☐ DELETE
NAME	MARCH, JACK	
STREET ADDRESS	96 NE 4TH AVE	
CITY, ST, ZIP	DELRAY BCH, FL 00000	
TITLE	DP	☐ DELETE
NAME	ARCHER, ROBERT E	
STREET ADDRESS	96 NE 4TH AVE	
CITY, ST, ZIP	DELRAY BCH, FL 00000	
TITLE	DP	☐ DELETE
NAME	CANARY, NANCY	
STREET ADDRESS	200 NORTH OCEAN BLVD., 3-N	
CITY, ST, ZIP	DELRAY BEACH, FL 33483	
TITLE	VD	☐ DELETE
NAME	HERMAN, KURT F.	
STREET ADDRESS	25 THOMAS DRIVE	
CITY, ST, ZIP	CHELMSFORD, MA 01824	
TITLE	STD	☐ DELETE
NAME	LEONE, RICHARD D.	
STREET ADDRESS	1246 FAUN ROAD,GRAYLYN CREST	
CITY, ST, ZIP	WILMINGTON, DE 19800	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	D	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☒ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☒ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☒ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Nancy H. Canary, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)