

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703269

FILED
Mar 09, 2005
Secretary of State

Entity Name: SHERWOOD ESTATES ASSOCIATION INC

Current Principal Place of Business:

601 W. LAKE DR.
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

601 W. LAKE DR.
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2787912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSON, GENE
601 W. LAKE DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESSENSEN, JAMES
Address: 2071 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: MALZAN, DIANE
Address: 4601 LAKE CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: STD () Delete
Name: WASSON, GENE
Address: 601 W. LAKE DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HIGGINS, MARTHA
Address: 500 EASTLAKE CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: GUTH, LARRY
Address: 4565 N. LAKE DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: ED, SCLARE
Address: 4438 N. LAKE DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WIRTZ, BETTY
Address: 4424 N. LAKE DR.
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GENE WASSON

STD

03/09/2005

Electronic Signature of Signing Officer or Director

Date