2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 703269

Entity Name: SHERWOOD ESTATES ASSOCIATION INC

Current Principal Place of Business:

2071 MAIN STREET
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2071 MAIN STREET
SARASOTA, FL 34237 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:

ESSENSON, JAMES L
2071 MAIN STREET
SARASOTA, FL 34237 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:	ESSENSON, JAMES	
Address:	2071 MAIN STREET	
City-St-Zip:	SARASOTA, FL 34237	
Title:	TD	( ) Delete
Name:	WIRTZ, BETTY	
Address:	4424 N. LAKE DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	BINDER, TERRY	
Address:	310 E. LAKE DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	BURKE, PATRICIA	
Address:	4632 E LAKE CIR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	ASHCRAFT, JACK	
Address:	757 W. LAKE CIR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	RAWSON, TERRY	
Address:	4601 EASTLAKE CIRCLE	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	BURKE, PATRICIA K	
Address:	4632 EAST LAKE CIRCLE	
City-St-Zip:	SARASOTA, FL 34232	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SEAMAN, CATHERINE	
Address:	4617E LAKE CIR	
City-St-Zip:	SARASOTA, FL 34232	
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 exemption stated in Chapter 119, 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: PATRICIA K. BURKE TD 02/26/2009

Electronic Signature of Signing Officer or Director — Date