


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 033 \*\*\*\*61.25

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| <b>DOCUMENT # 725439</b>                               |  |
| 1. Entity Name<br>SHERWOOD PARK CIVIC ASSOCIATION INC. |   |

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| Principal Place of Business<br>PO BOX 6314<br>DELRAY BEACH, FL 33482-6314 US | Mailing Address<br>PO BOX 6314<br>DELRAY, FL 33482-6314 US |
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| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01092007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br>59-1685993 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br>DENG, ELEANOR S<br>3631 SHERWOOD BLVD<br>DELRAY BEACH, FL 33445 |  | 7. Name and Address of New Registered Agent<br>Name <u>Peter Worthy</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>3626 Lowson Blvd</u><br>City <u>DeLray Beach</u> FL Zip Code <u>33445</u> |  |
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| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |
| SIGNATURE <u>Peter Worthy</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE <u>1/26/07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to:<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WORTHY, PETER<br>3626 LOWSON BLVD<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>DARDICK, BERNADETTE<br>3628 SHERWOOD BLVD<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VLASEK, GAIL<br>3235 SHERWOOD BLVD<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Galinis, Betty<br>3425 Sherwood Blvd<br>DeLray Bch FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DENG, ELEANOR<br>3631 SHERWOOD BLVD<br>DELRAY Bch, FL <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>Greene, Eve<br>3724 Sherwood Blvd<br>DeLray Bch FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CEROLA, GEORGIANA<br>3510 SHERWOOD BLVD.<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Worthy, Patricia<br>3626 Lowson Blvd<br>DeLray Bch FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAUGHERTY, REBECCA<br>3628 SHERWOOD BLVD.<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>Daugherty, Rebecca<br>3628 Sherwood Blvd<br>DeLray Bch FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |
| SIGNATURE: <u>Peter Worthy</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | Date <u>(561) 495 8036</u><br><small>Daytime Phone #</small> |