FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750880 (7)

1. Corporation Name

SHERWOOD FOREST OWNERS ASSOCIATION OF SARASOTA C OUNTY, INC.

Principal Place of Business	Mailing Address
4411 BEE RIDGE ROAD. #238 SARASOTA FL 34233	4411 BEE RIDGE ROAD. #238 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1980
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1972505 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LOVELL, ALICE V.
4715 MAID MARIAN LN
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: S/D EDDINS, CARL
82 Street Address (P.O. Box Number is Not Acceptable): 4711 MAID MARIAN LANE
83: SARASOTA, FL 34232
84 City: SARASOTA FL 85 Zip Code: 34232

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Carl Eddins CARL EDDINS, SECRETARY 4/24/95
* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CALLANS, KEVIN	1.2 NAME		
STREET ADDRESS	4721 MAID MARIAN LANE	1.3 STREET ADDRESS	BRIGGS, ROBERT	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	4714 LITTLE JOHN TRAIL SARASOTA	
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	JONES, SCOTT	2.2 NAME	TYLER, RAY	
STREET ADDRESS	4778 MAID MARIAN LANE	2.3 STREET ADDRESS	4704 MAID MARIAN LANE	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	T	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	RAKOCZY, MARY	3.2 NAME	TUTTLE, KEN	
STREET ADDRESS	4733 MAID MARIAN LN	3.3 STREET ADDRESS	4720 MAID MARIAN LANE	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	S	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	LOVELL, ALICE V.	4.2 NAME	EDDINS, CARL	
STREET ADDRESS	4715 MAID MARIAN LN	4.3 STREET ADDRESS	4711 MAID MARIAN LANE	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA,FL 34232	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HOOD, KIM	5.2 NAME	KIM HOOD	
STREET ADDRESS	4744 MAID MARIAN LN.	5.3 STREET ADDRESS	4425 ROBINHOOD TRAIL	
CITY-ST-ZIP	SARASOTA, FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

$7.50 REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Eddins CARL EDDINS 4/24/95 (813) 371-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY

0003478