FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 01/31/1980
3a. Date of Last Report: 05/01/1995

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):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDDINS, CARL
4711 MAID MARIAN LANE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: S/D MC GILVRAY,ANN
82 Street Address (P.O. Box Number is Not Acceptable): 4721 MAID MARIAN LANE
83:
84 City: ~~SARASOTA,FLORIDA 34232~~ FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ann McGilvray - Secretary DATE: 3/14/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRIGGS, ROBERT 4714 LITTLE JOHN TRAIL SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BRIGGS,ROBERT 4714 LITTLE JOHN TR. SARASOTA,FL. 34232	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TYLER, RAY 4704 MAID MARIAN LANE SARASOTA FL 34232	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD TYLER,RAY 4704 MAID MARIAN LANE SARASOTA,FL. 34232	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TUTTLE, KEN 4720 MAID MARIAN LANE SARASOTA FL 34232	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD TUTTLE,KEN 4720 MAID MARIAN LANE SARASOTA,FL.34232	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EDDINS, CARL 4711 MAID MARIAN LANE SARASOTA FL 34232	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD ANN MC GILVRAY 4721 MAID MARIAN LANE SARASOTA,FL. 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOD, KIM 4425 ROBINHOOD TRAIL SARASOTA FL 34232	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D HANCOCK,DAVE 4701 Little John TR. SARASOTA,FL. 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann McGilvray 3/14/96 (941) 371-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #