FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90025 048 ****61.25

000674O5

DOCUMENT # 750880

1. Corporation Name

SHERWOOD FOREST OWNERS ASSOCIATION OF SARASOTA C OUNTY, INC.

Principal Place of Business	Mailing Address
4510 LITTLE JOHN TRAIL SARASOTA FL 34232	4411 BEE RIDGE ROAD BOX 238 SARASOTA FL 34233

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/31/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1972505 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GANS, RICHARD R
4510 LITTLE JOHN TRAIL
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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 _____ DATE _____
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GANS, RICHARD R		1.2 NAME		
STREET ADDRESS	4510 LITTLE JOHN TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TYLER, RAY		2.2 NAME		
STREET ADDRESS	4704 MAID MARIAN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUTTLE, KEN		3.2 NAME		
STREET ADDRESS	4720 MAID MARIAN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LEE		4.2 NAME		
STREET ADDRESS	4528 LITTLE JOHN TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		4.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Helen Simonet		5.2 NAME		
STREET ADDRESS	4760 Little John Trl.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34232-2629		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kenneth W. Tuttle 03/31/99 941-377-6490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)