

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90066 045 ****70.00

DOCUMENT # 750880 1. Entity Name SHERWOOD FOREST OWNERS ASSOCIATION OF SARASOTA COUNTY, INC.					
Principal Place of Business 4411 BEE RIDGE ROAD 238 SARASOTA, FL 34233-2514			Mailing Address 4411 BEE RIDGE ROAD 238 SARASOTA, FL 34233-2514		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1972505			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TUTTLE, KEN 4720 MAID MARIAN LANE SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name LEE DAVIS Street Address (P.O. Box Number is Not Acceptable) 4487 FRIAR TUCK LANE City SARASOTA FL Zip Code 34232		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNNIFORD, DEBORAH 4786 LITTLE JOHN TRAIL SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR DAVIS, LEE 4487 FRIAR TUCK LANE SARASOTA FL. 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GANS, RICHARD R 4510 LITTLE JOHN TRAIL SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT - DIRECTOR FOWLER, JIM 4461 LITTLE JOHN TRAIL SARASOTA, FL. 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUTTLE, KEN 4720 MAID MARIAN LANE SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT - DIRECTOR LENAHAM, CARYL 4709 MAID MARIAN LANE SARASOTA FL. 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANCE, MICHAEL 4425 ROBIN HOOD TRAIL SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC - DIRECTOR KULIK, PAT 4621 LITTLE JOHN TRAIL SARASOTA, FL. 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIENTE, DAVID 4622 LITTLE JOHN TRAIL SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - DIRECTOR BLACKMAN, DAVID 4774 LITTLE JOHN TRAIL SARASOTA, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. 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 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2-15-05 Daytime Phone # 941-343-9993					