2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 750880

Entity Name: SHERWOOD FOREST OWNERS ASSOCIATION OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

4411 BEE RIDGE ROAD
238
SARASOTA, FL 342332514

New Principal Place of Business:

Current Mailing Address:

4411 BEE RIDGE ROAD
238
SARASOTA, FL 342332514

New Mailing Address:

FEI Number: 59-1972505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, LEE
4487 FRIAR TUCK LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

HUNNIFORD, DEBBIE
4786 LITTLE JOHN TRAIL
SARASOTA, FL 34232 US

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.

SIGNATURE: DEBBIE HUNNIFORD 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DAVIS, LEE
Address: 4487 FRIAR TUCK LANE
City-St-Zip: SARASOTA, FL 34232

Title: 1VPD ( ) Delete
Name: HUNNIFORD, DEBBIE
Address: 4786 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: 2VPD ( ) Delete
Name: FOWLER, JIM
Address: 4461 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: DS ( ) Delete
Name: THACKER, TERRI
Address: 1085 SHERWOOD FOREST DR
City-St-Zip: SARASOTA, FL 34232

Title: T/D (X) Delete
Name: BLACKMAN, DAVID
Address: 4774 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HUNNIFORD, DEBBIE
Address: 4786 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: 1VPD (X) Change ( ) Addition
Name: EDGSON, DAVID
Address: 4432 ROBIN HOOD TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: DT (X) Change ( ) Addition
Name: BLACKMAN, DAVID A
Address: 4774 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. BLACKMAN TREA 01/07/2009
Electronic Signature of Signing Officer or Director Date