

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 # 758002 (0)
1. Corporation Name
SHERWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3700 GEORGIA AVENUE
C/O SEACREST MANAGMNT. INC.
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified 07/21/1981
3a. Date of Last Report 04/19/1995
4. FEI Number 59-2159400
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEACREST MANAGEMENT
BUSINESS PARK 3700 GEORGIA AVENUE
WEST PALM BEACH FL 33405

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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LESCO, KENNETH	
STREET ADDRESS	5954 LONGBOW LN, UNIT 4	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THEUERKAUF, JOHN J.	
STREET ADDRESS	5925 LONGBOW LN, UNIT 8	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEYER, RICHARD	
STREET ADDRESS	5924 LONGBOW LN, UNIT 1	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, M. E	
STREET ADDRESS	5954 LONGBOW LN, UNIT #7	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, MICHELLE	
STREET ADDRESS	5955 LONGBOW LN, UNIT #1	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIRLEY NIELSEN	
STREET ADDRESS	5925 LONGBOW LN #3	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DARIENB WERNER	
13 STREET ADDRESS	5924 LONGBOW LN #6	
14 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROSANNE YOUNG	
23 STREET ADDRESS	2111 BRANDYWINE RD #732	
24 CITY-ST-ZIP	W. PALM BEACH, FL 33409	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: JOHN J. THEUERKAUF P 06/27/95 407-433-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)