

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90005 030 \*\*\*\*61.25

**DOCUMENT # 758002**

1. Entity 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

3700 GEORGIA AVENUE  
 C/O SEACREST MANAGMNT. INC.  
 WEST PALM BEACH FL 33405-2125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2159400**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THEUERKAUF, JOHN J	
STREET ADDRESS	5935 LONGBOW W UNIT 8	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LESCO, KENNETH	
STREET ADDRESS	5954 LONGBOW LN UNIT 4	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEE, M. E	
STREET ADDRESS	5954 LONGBOW LN UNIT 7	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEYER, RICHARD	
STREET ADDRESS	5954 LONGBOW LN UNIT 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESCO, KENNETH	
STREET ADDRESS	5954 Longbow Ln. Unit 4	
CITY-ST-ZIP	W.P.B., FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steyer, Richard	
STREET ADDRESS	5954 Longbow Ln Unit 1	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	SEC D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVEJOY, VALRIE	
STREET ADDRESS	5954 LONGBOW LN UNIT 10	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Richard Steyer* **RICHARD STEYER** 2-21-00 561-439-3843  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)