

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 025 ****61.25

DOCUMENT # 758442

1. Entity Name
SHERWOOD CONDOMINIUM ASSOCIATION, INC.



40105302

Principal Place of Business
**1835 BEACH PARKWAY
CAPE CORAL, FL 33904 US**

Mailing Address
**% PROFESSIONALLY YOURS
P O BOX 100831
CAPE CORAL, FL 33910 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2402352

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REALTY SRVS.
2525 PRKWY ST
FORT MYERS, FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

MICHAEL M. VETZ

(NOTE: Registered Agent signature required when reinstating)

4/18/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☒ Delete
NAME SKIPP, ELIZABETH
STREET ADDRESS 1837 BEACH PKWY #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition
NAME STEVE SMITH
STREET ADDRESS 1835 BEACH PKWY #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE MD ☒ Delete
NAME STONE, JANE
STREET ADDRESS 1837 BEACH PARKWAY, # 304
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition
NAME REGINA SMITH
STREET ADDRESS 1835 BEACH PKWY #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☐ Delete
NAME KING, GARY R
STREET ADDRESS 1837 BEACH PKWY #204
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition
NAME JANE KING
STREET ADDRESS 2725 SW 22nd, PLAZA
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE TSD ☐ Delete
NAME HALSEY, JEAN
STREET ADDRESS 1837 BEACH PKWY #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition

TITLE VD ☒ Delete
NAME THOMAS, IRENE
STREET ADDRESS 1837 BEACH PKWY #104
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/19/07

DATE

239-549-9082

DAYTIME PHONE #