


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90079 019 ****61.25

DOCUMENT # 765762
1. Entity Name
HOMEOWNERS OF SHERWOOD FOREST, INC.



Principal Place of Business
**P O BOX 585
MIMS, FL 32754-7585**

Mailing Address
**P O BOX 585
MIMS, FL 32754-7585**

00001000



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State
Zip Country

4. FEI Number
59-2774939

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MIKEL, KENNETH R
2156 KINGS CROSS
TITUSVILLE, FL 32796**

7. Name and Address of New Registered Agent

Name
TAYLOR, BERNARD R

Street Address (P.O. Box Number is Not Acceptable)
2141 KINGS CROSS

City
TITUSVILLE

FL Zip Code
32796

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: *Bernard R Taylor* **BERNARD R TAYLOR** DATE: **6/30/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROVILLO, RICHARD 2139 KINGS CROSS TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKEL, KENNETH R 2156 KINGS CROSS TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIANCONE, PHILLIP 3106 KINGS CROSS TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSH, DALE 2148 KINGS CROSS TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIKEL, ARLENE 2157 KINGS CROSS TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, BERNARD R 2141 KINGS CROSS TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIBDON, RUSSELL 2131 KINGS CROSS TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard R Taylor* **BERNARD R TAYLOR** DATE: **6/30/05** DAYTIME PHONE #: **321-383-4606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR