

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 042 ****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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



1st MOORE CR2E037 (10/05)

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
TAYLOR, BERNARD R
2141 KINES CROSS
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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: TD NAME: ROVILLO, RICHARD STREET ADDRESS: 2139 KINGS CROSS CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: TAYLOR, BERNARD R STREET ADDRESS: 2141 KINES CROSS CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 2141 KINGS CROSS CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BIANCONE, PHILLIP STREET ADDRESS: 3106 KINGS CROSS CITY-ST-ZIP: TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MARSH, DALE STREET ADDRESS: 2148 KINGS CROSS CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: TREASURER/DIRECTOR NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HIERDON, RUSSELL STREET ADDRESS: 2131 KINES CROSS CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: _____ NAME: HIGDON, RUSSELL STREET ADDRESS: 2131 KINGS CROSS CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: SD NAME: CAPOZZI, LAURA STREET ADDRESS: 2108 KINGS CROSS CITY-ST-ZIP: TITUSVILLE, FL 32796	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dale M. Marsh DALE M. MARSH 4/7/06 321-268-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #