


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90048 033 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2774939	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
TAYLOR, BERNARD R 2141 KINGS CROSS <i>KINGS CROSS</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVILLO, RICHARD			NAME	
STREET ADDRESS	2139 KINGS CROSS			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BERNARD R			NAME	
STREET ADDRESS	2141 KINGS CROSS			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, DALE			NAME	
STREET ADDRESS	2148 KINGS CROSS			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, RUSSELL			NAME	
STREET ADDRESS	2131 KINGS CROSS			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOZZI, LAURA			NAME	
STREET ADDRESS	2108 KINGS CROSS			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Dale M. Marsh</i>				4/3/07 321-268-5902	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DALE M. MARSH				<small>Date Daytime Phone #</small>	