2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006291

STUBLI, WARREN

NAPLES, FL 34104

400 ROBIN HOOD CIRCLE #201

Name:

Address:

City-St-Zip:

Entity Name: SHERWOOD III, INC.

FILED May 01, 2007 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2685 HORSESHOE DR. S #215 NAPLES, FL 34104				10961 BONITA BEACH RD. BONITA SPRINGS, FL 34135	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
2685 HORSESHOE DR. S #215 NAPLES, FL 34104				10961 BONITA BEACH RD BONITA SPRINGS, FL 34135	
	: 65-1146457 FE ce with s. 607.193(2)(b	Number Applied For()), F.S., the corporation did no	FEI Number Not Applicable () of receive the prior notice.	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
# 201 NAPLES, I The above	N HOOD CIR FL 34104 US	its this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI		anature of Pegistered Ag	ont	 Date	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD () Delet FITZSIMMONS, PATT 410 ROBINHOOD CF NAPLES, FL 34104	RICK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delet BORDEN, RHONDA 410 ROBIN HOOD C NAPLES, FL 34104		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delet KLEMM, HERB 370 ROBIN HOOD CI NAPLES, FL 34104		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delei	e	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RHONDA BORDEN PRES 05/01/2007