

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007729

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** SHERMAN HILLS SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ICAN  
21 E. GARDEN ST., STE. 208  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

C/O FLAGLER MANAGEMENT, INC.  
16 GOLF VIEW DRIVE  
OCALA, FL 34472 US

**Current Mailing Address:**

C/O ICAN  
21 E. GARDEN ST., STE. 208  
PENSACOLA, FL 32502 US

**New Mailing Address:**

C/O FLAGLER MANAGEMENT  
P.O.BOX 830177  
OCALA, FL 34483-177 US

**FEI Number:** 80-0010759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL, P.A.  
1501 NORTHWEST 49TH ST., STE. 202  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: DELGALLO-TAYLER, JENNIFER  
Address: 4 LAGUNA ST,STE 201  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: DVPS (X) Delete  
Name: DEL GALLO, STEVE  
Address: 4 LAGUNA ST,STE 201  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: SPELLMAN, MICHAEL P  
Address: 16 GOLF VIEW DR  
City-St-Zip: OCALA, FL 34472

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SCHWEIZER, W. TODD  
Address: 4 LAGUNA ST,STE 201  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: SPELLMAN, MICHAEL P  
Address: 16 GOLF VIEW DR  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Change (X) Addition  
Name: HILL, DAVID  
Address: 31248 SATINLEAF RUN  
City-St-Zip: BROOKSVILLE, FL 34602

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.

SIGNATURE: MICHAEL P. SPELLMAN

DST

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date