

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90041 049 \*\*\*\*61.25

**DOCUMENT # N01839**

1. Entity Name  
**SHERWOOD HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1312 W. SUGARLAND HWY  
CLEWISTON, FL 33440**

Mailing Address  
**1312 W. SUGARLAND HWY  
CLEWISTON, FL 33440**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2501755**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RUMFELT, ALDAN A  
1017 PONCE DE LEON AVE  
CLEWISTON, FL 33440**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMFELT, ALDAN A 1017 PONCE DE LEON AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHANAHAN, MICHAEL D 6330 FLAGPOLE ROAD CLEWISTON, FL 33440 DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANTON, MATTHEW R 109 RIDGEWOOD AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** X Matthew Stanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/06 863-983-8106