

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2008  
Secretary of State

DOCUMENT# N02000000108

Entity Name: SHERWOOD V, INC.

**Current Principal Place of Business:**

10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

10961 BONITA BEACH RD  
BONITA SPINGS, FL 34135

**New Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

FEI Number: 20-0689689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARK AVENUE PROPERTY MANAGEMENT LLC  
10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135 US

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

GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

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: BYRON ROSS

04/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORRIS, GIL  
Address: 365 ROBIN HOOD CIR 102  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: JOHNSON, MIKE  
Address: 385 ROBIN HOOD CIRCLE # 102  
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete  
Name: WEBSTER, KING  
Address: 365 ROBIN HOOD CIRCLE # 101  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: RIEDEL, WENDY  
Address: 425 ROBIN HOOD CIRCLE 201  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: EVANS, MARGARET  
Address: 357 ROBIN HOOD CIRCLE 102  
City-St-Zip: NAPLES, FL 34104

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

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

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, MIKE  
Address: 385 ROBIN HOOD CIRCLE # 102  
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change ( ) Addition  
Name: WEBSTER, KING  
Address: 365 ROBIN HOOD CIRCLE # 101  
City-St-Zip: NAPLES, FL 34104

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

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

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: BYRON ROSS

MGR

04/23/2008

Electronic Signature of Signing Officer or Director

Date