

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N02000000108

Entity Name: SHERWOOD V, INC.

Current Principal Place of Business:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-0689689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 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: P () Delete
Name: ORRIS, GIL
Address: 365 ROBIN HOOD CIR 102
City-St-Zip: NAPLES, FL 34104

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ORRIS, GIL
Address: 365 ROBIN HOOD CIR 102
City-St-Zip: NAPLES, FL 34104

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

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

Title: S (X) Change () Addition
Name: STANLEY, THERESE
Address: 455 ROBIN HOOD CIRCLE #201
City-St-Zip: NAPLES, FL 34104

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

04/09/2009

Electronic Signature of Signing Officer or Director

Date