2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N02000000322

Entity Name: SHERWOOD FOREST/PARADISE PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9247 WAYNESBORO AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

4511 PORTSMOUTH AVENUE
JACKSONVILLE, FL 32208

Current Mailing Address:

9247 WAYNESBORO AVENUE
JACKSONVILLE, FL 32208

New Mailing Address:

P. O. BOX 77307
JACKSONVILLE, FL 32226

FEI Number: 54-2109560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, JEAN A
9356 NORFOLK BLVD
JACKSONVILLE, FL 32208 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:	LEWIS, JEAN A	
Address:	9356 NORFOLK BLVD	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	V	( ) Delete
Name:	RICHBURG, MARTHA	
Address:	9112 CASTLE AVE	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	VP	( ) Delete
Name:	KELLY, GLADYS 2ND	
Address:	9517 SPOTTSWOOD RD	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	S	( ) Delete
Name:	BARNUM, EUNICE	
Address:	9121 SPOTTSWOOD RD	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	T	( ) Delete
Name:	HOLTON, EDNA	
Address:	9130 SPOTTSWOOD RD	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	FS	( ) Delete
Name:	ANTHONY, BARBARA	
Address:	9517 SPOTTSWOOD RD	
City-St-Zip:	JACKSONVILLE, FL 32208	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: EUNICE BARNUM S 05/01/2006
Electronic Signature of Signing Officer or Director — Date