



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 012 ****61.25

DOCUMENT # N04000007866 1. Entity Name SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11934 FAIRWAY LAKES DR FT MYERS, FL 33913			Mailing Address 11934 FAIRWAY LAKES DR FT MYERS, FL 33913		
2. Principal Place of Business 13100 Westlinks Terrace Suite, Apt. #, etc.		3. Mailing Address 13100 Westlinks Terrace Suite, Apt. #, etc.		50058239 	
City & State Fort Myers, Florida Zip 33913		City & State Fort Myers, Florida Zip 33913		4. FEI Number 04-3820386 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BENSON, RODNEY 11934 FAIRWAY LAKES DR FT MYERS, FL 33913			7. Name and Address of New Registered Agent Name <u>Osmond, Scott</u> Street Address (P.O. Box Number is Not Acceptable) <u>13100 Westlinks Terrace</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33913</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/22/05</u>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENSON, RODNEY 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Osmond, Scott 13100 Westlinks Terrace Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OSMOND, SCOTT 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hash, Norman 13100 Westlinks Terrace Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SFERES, MICHAEL 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <u>7/22/05</u> Daytime Phone # <u>239-561-8400</u>					