2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0400007866 1. Entity Name SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.						07-28-200	5 90003 012	****61	.25
Principal Place of Business 11934 FAIRWAY LAKES DR FT MYERS, FL 33913		Mailing Address 11934 FAIRWAY LAKES DR FT MYERS, FL 33913			F (28)(19) E (1) E	ik Bigit Quik Bark	50058	239	IIGI 8 1 J 82 1
	lace of Business Westlinks Terrac #, etc.	3. Mailing Address P. 13100 Wes Suite, Apt. #, etc.	Hinks	Tem	07440005	Chg-NP	CR2E037	(10/03)	
Fort N	nyers. Florida	Fort Mye	is, Fl	orido	4. FEI Number			Ap	plied For t Applicable
33913	3 Country USA	33913	US	ntry A	5. Certificate of	Status Desire		3.75 Add e Required	
	6. Name and Address of Curren	t Registered Agent		Nome	7. Name and A	ddress of Ne	w Registered Age	ent	
BENSON,	RODNEY			Name Osmond, Scott					
11934 FAIRWAY LAKES DR FT MYERS, FL 33913				Street Address (P.O. Box Number is Not Acceptable)					
FINITERS	5, FL 33913			131	00 Westl	inKs	Terras	e	
				City	rt Muex		FL	Zip Code	313
	named entity submits this statement	or the purpose of changing	its registere	d office or re			f Florida. I am fan	niliar with,	and accept
the obligati	ions of registered agent	_					- /	,	
	× /								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (N	IOTE: Registered	Agent signature	required when reinstating)	- 	DATE	5	
	Signature, speed or printed name of registered ager Filling Fee is \$61.25 ue by September 7, 2005	9. Election (inancing	\$5.00 May Be	F	DATE Make check p Florida Departm	•	
D :	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election 0 Trust Fun	Campaign Fired Contribution	inancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHAI		Iorida Departm	ent of St	tate 10
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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: __

TYPED OR PLINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/05 239-561-040