

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007866

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. SUITE 200  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
FORT MYERS, FL 33919 US

## New Mailing Address:

FEI Number: 04-3820386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOEHR, TIM  
ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD  
SUITE 200  
FORT MYERS, FL 33919 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: JOHN M. STROHM, AGENT

03/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ENGLER, ELIZABETH  
Address: 11053 RIVER TRENT CT.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD ( ) Delete  
Name: RIESELMAN, JOHN  
Address: 8113 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD ( ) Delete  
Name: EDWARDS, BILLY  
Address: 8327 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: SD ( ) Delete  
Name: WATSON, JL  
Address: 8383 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: MOORE, JARET  
Address: 8323 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete  
Name: BERRETTE, MITA  
Address: 11026 RIVER TRENT CT  
City-St-Zip: LEHIGH ACRES, FL 33971

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NYE, DAVID  
Address: 11523 GAINSBOROUGH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change ( ) Addition  
Name: MCMORROW, RYAN  
Address: 8379 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TSD (X) Change ( ) Addition  
Name: CLONINGER-PROSSER, KATRINA  
Address: 11116 RIVER TRENT CT  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Change ( ) Addition  
Name: GABOVER, JASON  
Address: 8230 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Change ( ) Addition  
Name: ROSENGARD, PAMELA  
Address: 8233 SILVER BIRCH WAY  
City-St-Zip: LEHIGH ACRES, FL 33971

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: DAVID NYE

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date