2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007866

FILED Apr 02, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BALAN, FIDEL

Address: 8300 SILVER BIRCH WAY
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP

Name: ROSENGARD, PAMELA Address: 8233 SILVER BIRCH WAY City-St-Zip: LEHIGH ACRES, FL 33971

Title: TSD

Name: CLONINGER-PROSSER, KATRINA

Address: 11116 RIVER TRENT CT City-St-Zip: LEHIGH ACRES, FL 33971

Title:

Name: POPIK, PABLO

Address: 8241 SILVER BIRCH WAY
City-St-Zip: LEHIGH ACRES, FL 33971

Title:

Name: MCMORROW, RYAN
Address: 8379 SILVER BIRCH WAY
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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 all other like empowered.

SIGNATURE: KATRINA CLONINGER-PROSSER TSD 04/02/2012