2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000010442

1. Entity Name
SHERMAN WOOD RANCHES HOMEOWNERS ASSOCIATION, INC.

FILED
2007 SEP 14 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% ANDREW K. FRITSCH, ESQ 1 N CLEMATIS ST - STE 500 W PALM BEACH, FL 33401	% ANDREW K. FRITSCH, ESQ 1 N CLEMATIS ST - STE 500 W PALM BEACH, FL 33401

08092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. Box 563
Suite, Apt. #, etc.
City & State
Okeechobee, FL
Zip 34973 Country

4. FEI Number
20-4104009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD I. HERTZ, P.A.
1 N CLEMATIS ST
STE 500
W PALM BEACH, FL 33414

7. Name and Address of New Registered Agent

Name Cohen, Norris Scherer ATT: PETER RAY
Street Address (P.O. Box Number is Not Acceptable)
712 US 1
City North Palm Beach FL Zip Code 33408

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 Peter R Ray
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

700109715987
09/20/07--01061--004 **1.25

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD MYERS, STEPHEN E JR % 1 N CLEMATIS ST - STE 500 W PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Clint Rucks 2240 NW 144th Drive Okeechobee, FL 34972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUCKER, BOBBY H 104 NW NW 7TH ST OKEECHOBEE, FL 34972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ben C. Sims P.O. Box 1269 Okeechobee, FL 34973	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TUCKER, BRANDON D 104 NW 7TH ST OKEECHOBEE, FL 34972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steve Jaka 4149 St. Andrews Dr. Boynton Beach, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mary Hagood 1381 Killian Drive Lake Park, FL 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Scott 11245 SW meadowlark Circle Stuart, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Grigsby P.O. Box 1230 Okeechobee, FL 34973	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 8/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Box 11.

Title D ☒ Addition

NAME Michael Lay

Street Address 16066 75th Avenue North

City St Zip Palm Beach Gardens, FL 33418