2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90031 050 ****61.25

DOCUMENT # N05000010442

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

40067125

Principal Place of Business	Mailing Address
% ANDREW K. FRITSCH, ESQ 1 N CLEMATIS ST - STE 500 W PALM BEACH, FL 33401	PO BOX 563 OKEECHOBEE, FL 34973

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
712 US Hwy 1	
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.
City & State: North Palm Beach, Florida	City & State
Zip: 33408 Country: US	Zip 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	7. Name and Address of New Registered Agent
COHEN NORRIS SCHERER ATTN: PETER RAY ~~712 S T~~ N PALM BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Hwy 1 Suite 400 City: FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 RUCKS, CLINT 2240 NW 144TH DRIVE OKEECHOBEE, FL 34972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael J. LAM 16066 75th Ave. North P.B.G., FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIMS, BEN C PO BOX 1269 OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	YD JARA, STEVE 4149 ST ANDREWS DR BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAGOOD, MARY 1381 KILLIAN DRIVE LAKE PARK, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Karen Stedman 11700 Blackwoods Lane West Palm Beach, FL 33412	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, BILL 11245 SW MEADOWLARK CIRCLE STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIGSLAY, BILL PO BOX 1230 OKEECHOBEE, FL 34973	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GRIGSBY	☒ 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, 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: _____ BEN Sims, President 4-2-8 863-634-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #