2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N05000010442

Entity Name: SHERMAN WOOD RANCHES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

712 US HWY 1
STE. 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

PO BOX 563
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 90-0369402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHERER, COHEN
712 US HWY 1
STE. 400
N PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	LAY, MICHAEL J	
Address:	16066 75TH AVE. NORTH	
City-St-Zip:	PALM BEACH GARDENS, FL 33418 US	
Title:	PD	( ) Delete
Name:	SIMS, BEN C	
Address:	PO BOX 1269	
City-St-Zip:	OKEECHOBEE, FL 34972 US	
Title:	TD	( ) Delete
Name:	JARA, STEVE	
Address:	4149 ST. ANDREWS DR	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	D	( ) Delete
Name:	STEDMAN, KAREN	
Address:	11700 BLACKWOODS LANE	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	VPD	( ) Delete
Name:	SCOTT, BILL	
Address:	11245 SW MEADOWLARK CIRCLE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	GRIGSBY, BILL	
Address:	PO BOX 1230	
City-St-Zip:	OKEECHOBEE, FL 34973	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RUCKS, CLINT M	
Address:	2240 NW 144TH DRIVE	
City-St-Zip:	OKEECHOBEE, FL 34972	

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: KAREN STEDMAN TD 03/02/2009

Electronic Signature of Signing Officer or Director — Date