

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010442

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** SHERMAN WOOD RANCHES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BRISTOL MANAGEMENT SERVICES  
1930 COMMERCE LANE STE 1  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

BRISTOL MANAGEMENT SERVICES  
1930 COMMERCE LANE STE 1  
JUPITER, FL 33458

**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:**

INGLIS, STEVE PCAM  
BRISTOL MANAGEMENT SERVICES  
1930 COMMERCE LANE, STE 1  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

COPPLE, RYAN S  
601 HERITAGE DRIVE  
#228  
JUPITER, FL 33458 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: RYAN S. COPPLE, PA

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LAINE, ALICIA  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458 US

Title: D  
Name: ANDERSON, COURTNEY  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458 US

Title: VPTD  
Name: ESTADELLA, ANTONIO  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458 US

Title: D  
Name: ESTADELLA, RONNIE  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458

Title: D  
Name: THOMPSON, RHETT  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458

Title: D  
Name: HUEMPFNER, JOHN  
Address: 1930 COMMERCE LANE, STE 1  
City-St-Zip: JUPITER, FL 33458

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: ALICIA LAINE

PD

04/27/2012

Electronic Signature of Signing Officer or Director

Date