

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09978

FILED
Apr 22, 2007
Secretary of State

Entity Name: SHEFFIELD VILLAGE HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3064755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 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: PD () Delete
Name: MULFORD, DEBORAH L
Address: 2049 SHEFFIELD COURT
City-St-Zip: OLDSMAR, FL 34677 US

Title: SD () Delete
Name: OIE, CAROL K
Address: 2060 SHEFFIELD COURT
City-St-Zip: OLDSMAR, FL 34677 US

Title: TD () Delete
Name: BURCH, MARILYN R
Address: 2029 SHEFFIELD COURT
City-St-Zip: OLDSMAR, FL 34677 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH L. MULFORD

PD

04/22/2007

Electronic Signature of Signing Officer or Director

Date