2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09978

FILED Apr 20, 2008 Secretary of State

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

Current Principal Place of Business:					New Principal Place of Business:			
905 E. MARTIN LUTHER KING, JR. DR. SUITE 570 TARPON SPRINGS, FL. 34689 US						TARPON AVE PRINGS, FL		US
Current Mailing Address:					New Mailing Address:			
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905 E. MARTIN LUTHER KING, JR. DR. BUITE 570 TARPON SPRINGS, FL 34689 US					600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US			
				FEI Num	nber Not Appli	cable ()	Certificat	te of Status Desired ()
Name and	Address of C	urrent Reg	istered Agent:		Name and	Address of N	lew Regi	istered Agent:
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WHETZEL, TERRI B 905 E. MARTIN LUTHER KING, JR. DR. BUITE 570 FARPON SPRINGS, FL 34689 US					WHETZEL, TERRI B 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US			
The above n the State		submits this	statement for the pu	rpose of	f changing it	s registered o	ffice or re	egistered agent, or both,
SIGNATURE:					04/20/2008			
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	PD () MULFORD, DE 2049 SHEFFIE OLDSMAR, FL	LD COURT			Title: Name: Address: City-St-Zip:	()) Change() Addition
Fitle: Name: Address: Dity-St-Zip:	SD () OIE, CAROL K 2060 SHEFFIE OLDSMAR, FL				Title: Name: Address: City-St-Zip:	()) Change() Addition
Fitle: Name: Address: City-St-Zip:	TD () BURCH, MARIL 2029 SHEFFIE OLDSMAR, FL	LD COURT			Title: Name: Address: City-St-Zip:	()) Change() Addition
Fitle: Name: Nddress: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:	VPD () AMMANNATI, K 2020 SHEFFIE OLDSMAR, FL	ATIA LD COURT	
Fitle: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:	VPD () RAINWATER, F 2025 SHEFFIE OLDSMAR, FL	LD COURT	•

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: DEBORAH L. MULFORD PD 04/20/2008