

# N10344

Sherwood Forest Homeowners Association  
P.O. Box 677307  
Orlando, Florida 32867-7307

City/State/Zip

Phone #

800002638768--0  
-09/14/98--01133--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

98 SEP 14 AM 8:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

*RAC hg.*

VS SEP 21 1998

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: SHERWOOD FOREST HOMEOWNERS ASSOCIATION, INC.  
OF ORLANDO

2. The mailing address of the corporation is: P.O. BOX 677307  
ORLANDO, FL 32867 - 1307

3. Date of incorporation/qualification: 07-22-85 Document number: N10344

4. The name and address of the current registered agent and office:

SCOTT DENOBILE  
3311 VISHAAL CT.  
ORLANDO, FL 32817

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

JOSEPH FRASCA  
9816 E. COLONIAL DR.  
ORLANDO, FL 32817

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Elizabeth L. Gilson 8/26/98  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Elizabeth L. Gilson  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Joseph Frasca 8-26-98  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)