

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N10344					
1. Entity Name SHERWOOD FOREST HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.					
Principal Place of Business P.O. BOX 677307 ORLANDO FL 32867-7307 US			Mailing Address P.O. BOX 677307 ORLANDO FL 32867-7307 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2657933	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVENUE WINTER PARK FL 32792-9111				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILSON, ELIZABETH 115 LAKE DR OVIEDO FL 32765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000078914 03/08/04-80045-005 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'MALLEY, SHAWN 550 HOLT AVE #1B WINTER PARK FL 32789		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAILEY, ROBERT 114 E HAZEL ST ORLANDO FL 32804		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RODRIGUE, CRAIG 14147 NELLROAD ORLANDO FL 32832		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAGTAP, PRABHAKAR 5890 MARLBERRY DR ORLANDO FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Elizabeth L Gilson</u> ELIZABETH GILSON 3/3/04 407-365-1499					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					