

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90170 005 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-2657933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **TD** ☒ Delete
NAME **MUOIO, ROBERT**
STREET ADDRESS **1438 SKYBOLT CT**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **ROBERT BAILEY**
STREET ADDRESS **114 E. HAZEL ST.**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **PD** ☐ Delete
NAME **GILSON, ELIZABETH**
STREET ADDRESS **115 LAKE DR**
CITY-ST-ZIP **OVEDO FL 32765**

TITLE **V/D** ☐ Change ☒ Addition
NAME **CRAIG S. RODRIGUE**
STREET ADDRESS **14147 NELL ROAD**
CITY-ST-ZIP **ORLANDO, FL 32832**

TITLE **SD** ☐ Delete
NAME **O'MALLEY, SHAWN**
STREET ADDRESS **550 HOLT AVE #1B**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Change ☒ Addition
NAME **PRABHAKAR JAGTAP**
STREET ADDRESS **5890 MARLBERRY DR**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Elizabeth Gilson** **LIZ GILSON**
CHIEF PRESIDENT 3/6/03 407-365-1499

CR2E037 (10/02)