

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17105

FILED
Apr 17, 2009
Secretary of State

Entity Name: SHEFFIELD FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2814557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 32779 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: VPD () Delete
Name: BROWN, MARY LOU
Address: 5926 GOLDENWOOD DR
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: KONESKI, PAUL
Address: 10347 TARABY CT
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: PHILLIP, SHARLENE
Address: 5355 GOLDENWOOD DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DOUKAS, MIKE
Address: 5637 GOLDENWOOD DR
City-St-Zip: ORLANDO, FL 32817

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL KONESKI

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date