2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20209

FILED Apr 30, 2008 Secretary of State

Entity Name: DEANS LANDING AT SHEFFIELD FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10078 CHESHUNT DRIVE 9953 CHESHAM DRIVE ORLANDO, FL 32817 ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 10078 CHESHUNT DRIVE P.O. BOX 1782 ORLANDO, FL 32817 GOLDENROD, FL 32733 US FEI Number: 59-2816503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILLER, STEPHANIE SHAW, ROBERT 10078 CHESHUNT DRIVE 9953 CHESHAM DRIVE ORLANDO, FL 32817 ORLANDO, FL 32817 US 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: ROBERT SHAW 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPD** () Delete () Change () Addition FITZSIMMONS, LEO Name: Name: 10019 CHESTERFIELD CT Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHAW, ROBERT Name: Address: 9953 CHESHAM DR Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition SIMON, JENNIFER Name: Name: Address: 10060 CUSTER CIR Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: () Change (X) Addition Title: () Delete Title: TR Name: Name: DAIGNEAULT, JUDY 9961 CHESHAM DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32817

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: ROBERT SHAW PD 04/30/2008