

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90191 030 \*\*\*\*61.25

**DOCUMENT # N35876**

1. Entity Name  
**SHEFFIELD WOODS ASSOCIATION, INC.**



Principal Place of Business  
**3346 LAURELVIEW DR.  
BRANDON, FL 33511 US**

Mailing Address  
**3346 LAUREL VIEW DRIVE  
BRANDON, FL 33511 US**

**40036545**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3139552**

Applied For  
Not Applicable

Zip

Country

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

**ERWIN, BARBARA D RA  
3318 LAUREL VIEW DR  
BRANDON, FL 33511**

Name **Daniel Pezzulich**

Street Address (P.O. Box Number is Not Acceptable)  
**3322 Laurel View Drive**

City **B**

City **Brandon**

FL

Zip Code **33511**

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

*Daniel Pezzulich* 2/27/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **PD** ☐ Delete  
NAME **ERWIN, BARBARA D PD**  
STREET ADDRESS **3318 LAUREL VIEW DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Change ☐ Addition  
NAME **PEZZULICH DANIEL**  
STREET ADDRESS **3322 LAUREL VIEW DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VD** ☐ Delete  
NAME **DANIEL, PECZZULICH VD**  
STREET ADDRESS **3322 LAUREL VIEW DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE **TD** ☐ Delete  
NAME **WAAK, GLORIA J**  
STREET ADDRESS **3332 LAUREL VIEW DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE **SD** ☐ Delete  
NAME **DEWBERRY, ZACHARY**  
STREET ADDRESS **3336 LAUREL VIEW DR**  
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE **D** ☐ Delete  
NAME **BOVALI, DEBORAH**  
STREET ADDRESS **3338 LAUREL VIEW DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained 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 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:

*Daniel Pezzulich* 2/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(913) 313-1865

Daytime Phone