

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36658

(5)

1. Corporation Name

SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY  
, INC.



Principal Place of Business

PO BOX 2688  
DELRAY BEACH FL 33482  
US

Mailing Address

PO BOX 7688  
DELRAY BEACH FL 33482  
US

3. Date Incorporated or Qualified  
02/12/1990

3a. Date of Last Report  
03/29/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

38-2941479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, KING, & DICKER  
500 AUSTRALIAN AVE.  
SUITE 800  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAEBERLE, ALBERT  
STREET ADDRESS 4700 SHERWOOD FOREST DR.  
CITY-ST-ZIP DELRAY BEACH FL  
☒ DELETE

1.1 TITLE DIRECTOR  
1.2 NAME HAEBERLE, ALBERT  
1.3 STREET ADDRESS 4700 SHERWOOD FOREST DR.  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☒ Change ☐ Addition

TITLE VD  
NAME OWENS, JAMES  
STREET ADDRESS 260 SHERWOOD FOREST DR.  
CITY-ST-ZIP DELRAY BEACH FL  
☒ DELETE

2.1 TITLE PRESIDENT/DIRECTOR  
2.2 NAME ANTON, ANTHONY  
2.3 STREET ADDRESS 4780 SHERWOOD FOREST DRIVE  
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☐ Change ☒ Addition

TITLE D  
NAME HAEBERLE, ALBERT  
STREET ADDRESS 4700 SHERWOOD FOREST DR  
CITY-ST-ZIP DELRAY BEACH FL  
☒ DELETE

3.1 TITLE VP/DIRECTOR  
3.2 NAME MADONIA, TONY  
3.3 STREET ADDRESS 217 SHERWOOD FOREST DRIVE  
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☐ Change ☒ Addition

TITLE D  
NAME OWENS, JAMES  
STREET ADDRESS 260 SHERWOOD FOREST DR  
CITY-ST-ZIP DELRAY BEACH FL  
☐ DELETE

4.1 TITLE TREASURER/DIRECTOR  
4.2 NAME OWENS JAMES  
4.3 STREET ADDRESS 260 SHERWOOD FOREST DRIVE  
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☒ Change ☐ Addition

TITLE TO  
NAME SHIFFERD, WARREN  
STREET ADDRESS 340 SHERWOOD FOREST DR.  
CITY-ST-ZIP DELRAY BEACH FL  
☒ DELETE

5.1 TITLE DIRECTOR  
5.2 NAME NOCERA, DAN  
5.3 STREET ADDRESS 4970 SHERWOOD FOREST DR  
5.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☐ Change ☒ Addition

TITLE D  
NAME ZIMMERMAN, ROBERT  
STREET ADDRESS 4870 SHERWOOD FOREST DR  
CITY-ST-ZIP DELRAY BEACH FL  
☒ DELETE

6.1 TITLE DIRECTOR  
6.2 NAME DREW, ROBERT  
6.3 STREET ADDRESS 4825 SHERWOOD FOREST DR  
6.4 CITY-ST-ZIP DELRAY BEACH, FL 33445  
☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James W. Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. OWENS

2/28/96

407-488-8482

ADDITIONAL DIRECTOR

Daytime Phone #

CP2E037 (12/95)