

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36658 (5)**

1. Corporation Name  
**SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY, INC.**



Principal Place of Business <b>PO BOX 2688 DELRAY BEACH FL 33482 US</b>	Mailing Address <b>PO BOX 7688 DELRAY BEACH FL 33482-7688 US</b>
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2. Principal Place of Business <i>PO Box 7688 Delray Beach, FL 33482-7688</i>		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/12/1990</b>	3a. Date of Last Report <b>03/06/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>38-2941479</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ST. JOHN, KING, &amp; DICKER 500 AUSTRALIAN AVE. SUITE 800 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HAEBERLE, ALBERT</b>	1.2 NAME	
STREET ADDRESS	<b>4700 SHERWOOD FOREST DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD ARTIN, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>4780 SHERWOOD FOREST DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD MADONIA, TONY</b>	3.2 NAME	<b>VPD Archer Pat</b>
STREET ADDRESS	<b>217 SHERWOOD FOREST DRIVE</b>	3.3 STREET ADDRESS	<b>380 Sherwood Forest Dr.</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Delray Beach, FL.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD OWENS, JAMES</b>	4.2 NAME	<b>TD Silverman, ALfred W.</b>
STREET ADDRESS	<b>260 SHERWOOD FOREST DR</b>	4.3 STREET ADDRESS	<b>185 Sherwood Forest Dr</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Delray Beach, FL.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D NOCERA, DAN</b>	5.2 NAME	<b>D Zaigler John</b>
STREET ADDRESS	<b>4970 SHERWOOD FOREST DRIVE</b>	5.3 STREET ADDRESS	<b>4725 Sherwood Forest Dr</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DREW, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>4825 SHERWOOD FOREST DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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:** *Arthur P. Artin* **ARTHUR P. ARTIN** 1/4/97 561-4991699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044871

CR2E037 (9/96)