

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N36658** (5)

1. Corporation Name

**SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY, INC.**



|  |  |
|--|--|
| Principal Place of Business                      | Mailing Address                            |
| P O BOX 7688<br>DELRAY BEACH FL 33482-7688<br>US | PO BOX 7688<br>DELRAY BEACH FL 33482<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 02/12/1990     |
| 4. FEI Number                     | 38-2941479     |
| Applied For                       | Not Applicable |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|   |  |
|---|--|
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  |  |
| ST. JOHN, KING, & DICKER<br>500 AUSTRALIAN AVE.<br>SUITE 800<br>WEST PALM BEACH FL 33401 |  |

|   |             |
|---|-------------|
| 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 |

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 |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | D HAEBERLE, ALBERT                         |
| STREET ADDRESS             | 4700 SHERWOOD FOREST DRIVE                 |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | PD ARTIN, ARTHUR                           |
| STREET ADDRESS             | 4780 SHERWOOD FOREST DRIVE                 |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | VPD ARCHER, PAT                            |
| STREET ADDRESS             | 380 SHERWOOD FOREST DR                     |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | TD SILVERMAN, ALFRED W                     |
| STREET ADDRESS             | 185 SHERWOOD FOREST DR                     |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | D ZEIGLER, JOHN                            |
| STREET ADDRESS             | 4725 SHERWOOD FOREST DR                    |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | D DREW, ROBERT                             |
| STREET ADDRESS             | 4825 SHERWOOD FOREST DRIVE                 |
| CITY-ST-ZIP                | DELRAY BEACH FL                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | PD JAMES OWENS, JAMES  |
| 1.3 STREET ADDRESS                                    | 260 SHERWOOD FOREST DRIVE  |
| 1.4 CITY-ST-ZIP                                       | DELRAY BEACH, FL   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | T ZIMMERMAN, ROBERT  |
| 2.3 STREET ADDRESS                                    | 4870 SHERWOOD FOREST DR  |
| 2.4 CITY-ST-ZIP                                       | DELRAY BEACH, FL   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | D SILVERMAN, ALFRED  |
| 3.3 STREET ADDRESS                                    | 185 SHERWOOD FOREST DR   |
| 3.4 CITY-ST-ZIP                                       | DELRAY BEACH, FL   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I 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: *Robert Zimmerman* (FEI) 100 6348

CR2E037 (10/97)