

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36658

1. Entity Name

SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY

Principal Place of Business

P O BOX 7688
DELRAY BEACH FL 33482-7688
US

Mailing Address

PO BOX 7688
DELRAY BEACH FL 33482-7688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2941479

Applied For

Not Applicable

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HAEBERLE, ALBERT
STREET ADDRESS 4700 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Change ☒ Addition
NAME RAHRER, MICHAEL
STREET ADDRESS 4415 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE VPD ☐ Delete
NAME MADONIA, ANTHONY
STREET ADDRESS 217 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Change ☒ Addition
NAME COMEN, CAROLÉ
STREET ADDRESS 400 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☒ Delete
NAME SILVERMAN, ALFRED W
STREET ADDRESS 185 SHELWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE PD ☐ Change ☒ Addition
NAME JAMES OWENS, JAMES
STREET ADDRESS 260 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE TD ☒ Delete
NAME SILVERMAN, ALFRED W
STREET ADDRESS 185 SHERWOOD FOREST DR
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Change ☒ Addition
NAME ANTIN, ARTHUR
STREET ADDRESS 4780 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☒ Delete
NAME ZEIGLER, JOHN
STREET ADDRESS 4725 SHERWOOD FOREST DR
CITY-ST-ZIP DELRAY BEACH FL

TITLE T ☐ Change ☒ Addition
NAME ZIMMERMAN, ROBERT
STREET ADDRESS 4870 SHERWOOD FOREST DR.
CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☐ Delete
NAME DREW, ROBERT
STREET ADDRESS 4825 SHERWOOD FOREST DRIVE
CITY-ST-ZIP DELRAY BEACH FL

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 exemption stated in Section 119.07(3)(i), 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:

ROBERT ZIMMERMAN 4 JAN 20 (561) 496-6349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)