

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N36658**

1. Entity Name

SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY, INC.

Principal Place of Business

Mailing Address

P O BOX 7688

PO BOX 7688

DELRAY BEACH

FL

DELRAY BEACH

FL

334827688

US

33482

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**38-2941479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, KING, &amp; DICKER

500 AUSTRALIAN AVE.

SUITE 800

WEST PALM BEACH

FL

33401

US

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

**02/02/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DREW ROBERT		NAME	DREW ROBERT		
STREET ADDRESS	4825 SHERWOOD FOREST DRIVE		STREET ADDRESS	4825 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIMMERMAN ROBERT		NAME	ZIMMERMAN ROBERT		
STREET ADDRESS	4870 SHERWOOD FOREST DRIVE		STREET ADDRESS	4870 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTIN ARTHUR		NAME	ANTIN ARTHUR		
STREET ADDRESS	4780 SHERWOOD FOREST DRIVE		STREET ADDRESS	4780 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS JAMES		NAME	OWENS JAMES W		
STREET ADDRESS	260 SHERWOOD FOREST DRIVE		STREET ADDRESS	260 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN CAROLE		NAME	WEIDENMAN WILLIAM		
STREET ADDRESS	400 SHERWOOD FOREST DRIVE		STREET ADDRESS	4595 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAHRER MICHAEL		NAME	RAHRER MICHAEL		
STREET ADDRESS	4415 SHERWOOD FOREST DRIVE		STREET ADDRESS	4415 SHERWOOD FOREST DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	DELRAY BEACH FL 33445		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JAMES W. OWENS****T****02/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**THOMAS JACOBSON**  
**4400 SHERWOOD FOREST DRIVE**

**DELRAY BEACH, FL 33445**

**RICHARD VARESIO**  
**462 SHERWOOD FOREST DRIVE**

**DELRAYBEACH, FL 33445**