

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36658

FILED
Jan 15, 2007
Secretary of State

Entity Name: SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF DELRAY, INC.

Current Principal Place of Business:

P O BOX 7688
DELRAY BEACH, FL 334827688 US

New Principal Place of Business:

SHERWOOD FOREST DRIVE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

PO BOX 7688
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 38-2941479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DICKER, KRIVOK, & STOLOFF P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: MERCALDI, DIANE
Address: 4890 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: P/D () Delete
Name: FIFE, TIM
Address: 4745 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: T () Delete
Name: OWENS, JAMES W
Address: 260 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D () Delete
Name: HAEBERLE, AL
Address: 4700 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D () Delete
Name: LEONARDO, JAMES
Address: 4500 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D/V () Delete
Name: DREW, ROBERT
Address: 4825 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANDOLFI, RON
Address: 251 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: OWENS, JAMES W
Address: 260 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W OWENS

T/D

01/15/2007

Electronic Signature of Signing Officer or Director

Date