2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36658

FILED Jan 06, 2008 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445 US							
Current Mailing Address:				New Mailing Address:			
PO BOX 76 DELRAY BI	888 EACH, FL 3348	2 US					
FEI Number:	38-2941479	FEI Number Applied For	() FEI Nui	mber Not Appli	icable ()	Certificate of Stat	us Desired()
Name and	Address of Cu	rrent Registered Ag	ent:	Name and	Address of	New Registered	Agent:
DICKER, KRIVOK, & STOLOFF P.A. 1818 AUSTRAILIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409 US 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:							
01011/11011		Signature of Registe	red Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D MANDOLFI, RON 251 SHERWOOD DELRAY BEACH,	FOREST DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	n
Title: Name: Address: City-St-Zip:	P/D () D FIFE, TIM 4745 SHERWOO DELRAY BEACH,	D FOREST DRIVE		Title: Name: Address: City-St-Zip:	FIFE, TIM 4745 SHER	(X) Change () Additio WOOD FOREST DRIVI ACH, FL 33445 US	
Title: Name: Address: City-St-Zip:	T/D () D OWENS, JAMES 260 SHERWOOD DELRAY BEACH,	W FOREST DRIVE		Title: Name: Address: City-St-Zip:		()Change ()Addition	n
Title: Name: Address: City-St-Zip:	D () D HAEBERLE, AL 4700 SHERWOO DELRAY BEACH,	D FOREST DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	n
Title: Name: Address: City-St-Zip:	D () D LEONARDO, JAM 4500 SHERWOOI DELRAY BEACH,	ES D FOREST DRIVE		Title: Name: Address: City-St-Zip:	RAHRER, MI 4415 SHERV	(X) Change () Additio CHAEL VOOD FOREST DRIVE ACH, FL 33445 US	
Title: Name: Address: City-St-Zip:	D/V () D DREW, ROBERT 4825 SHERWOOI DELRAY BEACH,	D FOREST DRIVE		Title: Name: Address: City-St-Zip:		()Change ()Additio	n

I hereby certify that the information supplied with this filing does not qualify 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 01/06/2008