2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N36658

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

Current Principal Place of Business:

4280 SHERWOOD FOREST DR.
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4280 SHERWOOD FOREST DR.
DELRAY BEACH, FL 33445 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 AUSTRAILIAN 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: D ( ) Delete
Name: MANDOLFI, RON
Address: 251 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

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

Title: T/D ( ) 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: P\D ( ) Delete
Name: RAHRER, MICHAEL
Address: 4415 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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 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 D/T 01/16/2009

Electronic Signature of Signing Officer or Director — Date