

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90186 003 \*\*\*\*61.25

**DOCUMENT # N43038**

1. Entity Name  
**SHERWOOD LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**HOFCO, INC**  
**35246 US 19 N, STE 255**  
**PALM HARBOR, FL 34684 US**

Mailing Address  
**HOFCO, INC**  
**35246 US 19 N, STE 255**  
**PALM HARBOR, FL 34684 US**

40068044



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3104335**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MASSIE, JERRY**  
**35246 US 19 N**  
**STE 255**  
**PALM HARBOR, FL 34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **DEDERICHS, MARIA-LOUISE**  
STREET ADDRESS **C/O GUENTER NAEGELIN, 589 OCEANVIEW AVE**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **DT** ☐ Delete  
NAME **KAIDEL, GUNTER**  
STREET ADDRESS **C/O GUENTER NAEGELIN, 589 OCEANVIEW AVE**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **M** ☐ Delete  
NAME **MASSIE, JERRY**  
STREET ADDRESS **35246 US 19 N, STE 255**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **VD** ☒ Delete  
NAME **FULLER, MICHAEL**  
STREET ADDRESS **551 OCEANS CT**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **GETSLER, HARVEY**  
STREET ADDRESS **567 OCEANSIDE CT**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **DS** ☐ Change ☒ Addition  
NAME **SWAN, ADAM**  
STREET ADDRESS **3462 DESOTO BLVD**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained 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 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:** Jerry Massie **JERRY MASSIE**

4-15-07 (727) 942-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #