

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43038

FILED  
Mar 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3104335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSIE, JERRY  
35246 US 19 N  
STE 255  
PALM HARBOR, FL 34684 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: PD ( ) Delete  
Name: GETSLER, HARVEY  
Address: 567 OCEANSIDE CT  
City-St-Zip: PALM HARBOR, FL 34683 OC

Title: DT ( ) Delete  
Name: KAIDEL, GUNTER  
Address: C/O GUENTER NAEGELIN, 589 OCEANVIEW AVE  
City-St-Zip: PALM HARBOR, FL 34683 OC

Title: M ( ) Delete  
Name: MASSIE, JERRY  
Address: 35246 US 19 N, STE 255  
City-St-Zip: PALM HARBOR, FL 34684

Title: DS ( ) Delete  
Name: SWAN, ADAM  
Address: 3462 DESOTO BLVD  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DEDERICH, MARIA  
Address: 3446 DESOTO BLVD.  
City-St-Zip: PALM HARBOR, FL 34683 OC

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

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

Title: DS (X) Change ( ) Addition  
Name: KLIMCZAK, PAUL  
Address: 3454 DESOTO BLVD  
City-St-Zip: PALM HARBOR, FL 34683

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: JERRY MASSIE

M

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date