

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001418

1. Entity Name

SHERWOOD GLEN HOMEOWNERS' ASSOCIATION, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 023 ****61.25

Principal Place of Business

4319 GAMWELL DR
MELBOURNE FL 32935

Mailing Address

4319 GAMWELL DR
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3395493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, GARY
4330 GAMWELL DR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|----------------|---|---------------------|--|
| TITLE | P | WELLS, GARY | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4330 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |
| TITLE | S | STREVELL, CHRISTINE | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4372 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |
| TITLE | | JENNELL, MARY | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4319 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |
| TITLE | D | RICHARDS, SANDRA | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4385 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |
| TITLE | D | HEIDENREICH, MIKE | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4336 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |
| TITLE | D | FONTAINE, JOHN | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 4312 GAMWELL DR | |
| CITY-ST-ZIP | | MELBOURNE FL 32935 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Jennell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Jennell

5/1/02

321-254-6599

Date

Daytime Phone #

CR2E037 (9/01)