

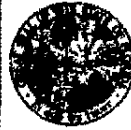
# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

DOCUMENT # N95000001418

1. Entity Name  
SHERWOOD GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
4319 GAMWELL DR  
MELBOURNE, FL 32935

Mailing Address  
4319 GAMWELL DR  
MELBOURNE, FL 32935



04022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WELLS, GARY  
STREET ADDRESS 4330 GAMWELL DR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE TD  
NAME JENNEL, MARY  
STREET ADDRESS 4319 GAMWELL DR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SD  
NAME MARDOSA, MICHELLE  
STREET ADDRESS 4372 GAMWELL DR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D  
NAME HEIDENREICH, MIKE  
STREET ADDRESS 4336 GAMWELL DR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000303132  
04/13/05-80098-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Gary R. Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05  
Date

Daytime Phone #