

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90009 005 ***61.25

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



Principal Place of Business
319 GAMWELL DR
MELBOURNE, FL 32935

Mailing Address
4319 GAMWELL DR
MELBOURNE, FL 32935

401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

WELLS, GARY
4330 GAMWELL DR
MELBOURNE, FL 32935

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 retesting)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V.D. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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:

MARY JENNEL TREASURER
Mary Jennell Treasurer

Date

Daytime Phone #

03/01/06 321-684-1261