


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001418 1. Entity Name SHERWOOD GLEN HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4319 GAMWELL DR MELBOURNE, FL 32935	Mailing Address 4319 GAMWELL DR MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3395493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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 reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000951460
06/04/08-80034-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, GARY 4330 GAMWELL DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENNEL, MARY 4319 GAMWELL DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARDOSA, MICHELLE 4372 GAMWELL DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEIDENREICH, MIKE 4336 GAMWELL DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 MARY JENNEL, TREASURER 5/1/08 321-684-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #