

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2011
Secretary of State

Entity Name: SHERWOOD GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4319 GAMWELL DR
MELBOURNE, FL 32935

New Principal Place of Business:

4330 GAMWELL DR
MELBOURNE, FL 32935

Current Mailing Address:

4319 GAMWELL DR
MELBOURNE, FL 32935

New Mailing Address:

4330 GAMWELL DR
MELBOURNE, FL 32935

FEI Number: 59-3395493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, GARY
4330 GAMWELL DR
MELBOURNE, FL 32935 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: D/P
Name: WELLS, GARY
Address: 4330 GAMWELL DR
City-St-Zip: MELBOURNE, FL 32935

Title: T
Name: SIMCOX, KAREN
Address: 4367 GAMWELL DR
City-St-Zip: MELBOURNE, FL 32935

Title: VP
Name: HIEDENREICH, MIKE
Address: 4336 GAMWELL DR
City-St-Zip: MELBOURNE, FL 32935

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

I hereby 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 all other like empowered.

SIGNATURE: GARY R. WELLS

D

03/23/2011

Electronic Signature of Signing Officer or Director

Date