

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90047 026 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WELLS, GARY  
4330 GAMWELL DR  
MELBOURNE FL 32935**

4. FEI Number **59-3395493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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. 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

**FILE NOW: FEE IS \$61.25**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richards Sandra</b>	
STREET ADDRESS	<b>4385 Gamwell Dr</b>	
CITY-ST-ZIP	<b>Melbourne FL 32935</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**WELLS, GARY, President**

Date

Daytime Phone #

**321-234-6599**