

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003850 (3)

1. Corporation Name

SHERWOOD PARK MASTER ASSOCIATION, INC.



Principal Place of Business

**6660 BERNWOOD FARMS RD
NAPLES FL 33999**

Mailing Address

**6660 BERNWOOD FARMS RD
NAPLES FL 33999**

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **10100 Valewood Drive**

26 **10100 Valewood Drive**

4. FEI Number

59-3335193

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **NAPLES, FL**

28 **NAPLES, FL**

Zip Country

Zip Country

24 **33999**

25

29 **33999**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R
600 5TH AVE S
SUITE 207
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PTD
HARDY, PAUL
6660 BERNWOOD FARMS RD
NAPLES FL 33999**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D
SHEVLIN, ROBERT
6660 BERNWOOD FARMS RD
NAPLES FL 33999**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**V
SHEVLIN, ROBERT E JR.
6660 BERNWOOD FARMS RD
NAPLES FL 33999**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D
RUSSELL, DIANE
6660 BERNWOOD FARMS RD
NAPLES FL 33999**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**10100 Valewood Dr.
NAPLES, FL 33999**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Tolson, Renee
10100 Valewood Dr.
NAPLES, FL 33999**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D
Gallant, Marion
10100 Valewood Dr.
NAPLES, FL 33999**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

700001737657

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marion E. Gallant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (941) 495-6067
Date Daytime Phone #

CR2E037 (12/95)