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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003850 (3)**

1. Corporation Name

SHERWOOD PARK MASTER ASSOCIATION, INC.

Principal Place of Business

**10100 VALEWOOD DR.
NAPLES FL 33999**

Mailing Address

**10100 VALEWOOD DR.
NAPLES FL 34119-8805**



3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 10621 Airport Rd. Suite, Apt. #, etc. 22 Suite 1 City & State 23 Naples, FL Zip 24 34109 Country 25 USA	2a. Mailing Address 26 11314 Sunray Dr. Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, FL Zip 29 34135 Country 30 USA	4. FEL 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	PAID ☒ Change ☐ Addition
NAME	HARDY, PAUL	1.2 NAME	PAUL HARDY
STREET ADDRESS	10100 VALEWOOD DR.	1.3 STREET ADDRESS	10621 Airport Rd. - Ste. 1
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SHEVLIN, ROBERT	2.2 NAME	Robert Hardy
STREET ADDRESS	10100 VALEWOOD DR.	2.3 STREET ADDRESS	10621 Airport Rd. - Ste. 1
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	V ☒ DELETE	3.1 TITLE	Vice-President ☐ Change ☒ Addition
NAME	SHEVLIN, ROBERT E JR.	3.2 NAME	Larry Gode
STREET ADDRESS	10100 VALEWOOD DR.	3.3 STREET ADDRESS	10621 Airport Rd. - Ste. 1
CITY-ST-ZIP	NAPLES FL 33999	3.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	☐ DELETE	4.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME		4.2 NAME	PAUL HARDY
STREET ADDRESS		4.3 STREET ADDRESS	10621 Airport Road Ste. 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL 34109
TITLE	☐ DELETE	5.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		5.2 NAME	Paul Hardy
STREET ADDRESS		5.3 STREET ADDRESS	10621 Airport Road Ste. 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples FL 34109
TITLE	☐ DELETE	6.1 TITLE	300002100613
NAME		6.2 NAME	-02/28/97--01004--037
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: **Paul Hardy** **REQUIRED** **1/24/97 (941) 592-7344**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000204

CR2E037 (9/96)