

2000 UNIFORM BUSINESS REPORT (UBR)

7

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-17-2000 90078 003 ****61.25

DOCUMENT # N95000003850

1. Entity Name

SHERWOOD PARK MASTER ASSOCIATION, INC.

(R)

Principal Place of Business

Mailing Address

10621 AIRPORT RD
 STE 1
 NAPLES FL 34109

11314 SUNRAY DR
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3335193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

GPM / Marion Gallant
11314 Sunray Drive
Bonita Springs FL 34135

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.

SIGNATURE

Marion E. Gallant

7/11/00

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GODE, LARRY 5475 SHIRLEY ST #2 NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ROBERT 10621 AIRPORT RD NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JANET 4500 EXECUTIVE DR, STE 1 NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

RECEIVED

7/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)