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

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90146 012 ****61.25

DOCUMENT # N95000003850

1. Entity Name
Sherwood Master Assoc., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	745 12th Avenue S. Suite AA
City & State	Naples, FL
Zip / Country	34102 /

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3335193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Moore Property Management

Street Address (P.O. Box Number is Not Acceptable): 745-12th Ave. S, Ste AA

City: Naples FL Zip Code: 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P
NAME	Larry Gode
STREET ADDRESS	510 Robinhood Circle #102
CITY-ST-ZIP	Naples FL 34104
TITLE	
NAME	Cathy White / Director
STREET ADDRESS	3096 9th St. N.
CITY-ST-ZIP	Naples, FL 34102
TITLE	
NAME	Lenny DeRosa / D
STREET ADDRESS	209 Robinhood Cir. #204
CITY-ST-ZIP	Naples FL 34104
TITLE	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Gode Larry Gode 4/23/02 239-2625051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #