

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003850

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** SHERWOOD PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

ROBIN HOOD CIRCLE  
NAPLES, FL 34104

**New Principal Place of Business:**

10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

745 12 AVE S  
STE AA  
NAPLES, FL 34102

**New Mailing Address:**

10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135

**FEI Number:** 59-3335193      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MGT  
745 12TH AVENUE SOUTH  
SUITE AA  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

PARK AVENUE PROPERTY MANAGEMENT  
10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135 US

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: JACK ERICKSON

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, BILL  
Address: 480 ROBIN HOOD CIR 202  
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete  
Name: WIGGS, MARK  
Address: 240 ROBIN HOOD CIR 202  
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete  
Name: KANE, BRUCE  
Address: 421 VALERIE WAY 204  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL JONES

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date