2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003850

FILED Apr 23, 2008 Secretary of State

Entity Name: SHERWOOD PARK MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10961 BONITA BEACH RD 6700 LONE OAK BLVD BONITA SPRINGS, FL 34135 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6700 LONE OAK BLVD 10961 BONITA BEACH RD BONITA SPRINGS, FL 34135 NAPLES, FL 34109 FEI Number: 59-3335193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARK AVENUE PROPERTY MANAGEMENT GUARDIAN PROPERTY MANAGEMENT 10961 BONITA BEACH RD 6700 LONE OAK BLVD BONITA SPRINGS, FL 34135 US NAPLES, FL 34109 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: BYRON ROSS 04/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JONES, BILL Name: Name: 480 ROBIN HOOD CIR 202 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: Title: (X) Change () Addition () Delete WIGGS, MARK Name: BOUQUIN, BETH Name: Address: 240 ROBIN HOOD CIR 202 Address: 416 VALERIE WAY, #202 City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition KANE, BRUCE BORDEN, RHONDA Name: Name: 410 ROBIN HOOD CIRCLE, #201 Address: 421 VALERIE WAY 204 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change (X) Addition Name: Name: RENNER, CYNTHIA 225 ROBIN HOOD CIRCLE, #101 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change (X) Addition WIGGS, MARK Name: Name: 240 ROBIN HOOD CIRCLE, #202 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change (X) Addition REESE, MICHAEL Name: Name: Address: Address: 432 VALERIE WAY, #204 NAPLES, FL 34104 City-St-Zip: 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: BYRON ROSS MGR 04/23/2008