2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003850

FILED Apr 09, 2009 Secretary of State

Entity Name: SHERWOOD PARK MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6700 LONE OAK BLVD NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6700 LONE OAK BLVD 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: **GUARDIAN PROPERTY MANAGEMENT** 6700 LONE OAK BLVD 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JONES, BILL BOQUIN, BETH Name: Name: 480 ROBIN HOOD CIR 202 Address: 416 VALERIE WAY, #202 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition BOUQUIN, BETH Name: JONES, BILL Name: Address: 416 VALERIE WAY, #202 Address: 480 ROBIN HOOD CIRCLE, #204 City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change () Addition BORDEN, RHONDA Name: Name: 410 ROBIN HOOD CIRCLE, #201 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: (X) Change () Addition RENNER, CYNTHIA Name: Name: RIEDEL, WENDI 225 ROBIN HOOD CIRCLE, #101 425 ROBIN HOOD CIRCLE, #201 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition WIGGS, MARK BURGER, AUDIE Name: Name: 240 ROBIN HOOD CIRCLE, #202 161 ROBIN HOOD CIRCLE, #204 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition REESE, MICHAEL MEISSNER, ED Name: Name: Address: 432 VALERIE WAY, #204 Address: 290 ROBIN HOOD CIRCLE, #201

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.

City-St-Zip:

NAPLES, FL 34104

SIGNATURE: BYRON ROSS MGR 04/09/2009

NAPLES, FL 34104

City-St-Zip: