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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003852 (9)**

1. Corporation Name

SHERWOOD I, INC.



Principal Place of Business

Mailing Address

**10100 VALEWOOD DR.
NAPLES FL 33999**

**10100 VALEWOOD DR.
NAPLES FL 34119-8805**

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

21 10621 Airport Rd.

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Naples, FL

Zip

24 34109

Country

25 USA

2a. Mailing Address

26 11314 Sunray DR.

Suite, Apt. #, etc.

City & State

28 Bonita Springs, FL

Zip

29 34135

Country

30 USA

4. FEI Number

59-3335192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R
800 5THA VE S
SUITE 207
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HARDY, ROBERT P**
STREET ADDRESS **10100 VALEWOOD DR.**
CITY-ST-ZIP **NAPLES FL 33999**

TITLE **D** ☒ DELETE
NAME **SHEVLIN, ROBERT E JR.**
STREET ADDRESS **10100 VALEWOOD DR.**
CITY-ST-ZIP **NAPLES FL 33999**

TITLE **D** ☐ DELETE
NAME **GALLANT, MARION**
STREET ADDRESS **10100 VALEWOOD DR.**
CITY-ST-ZIP **NAPLES FL 33999**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10621 Airport Rd. - Ste. 1**
1.4 CITY-ST-ZIP **Naples, FL 34109**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Larry Gode**
2.3 STREET ADDRESS **5475 Shirley St.**
2.4 CITY-ST-ZIP **Naples, FL 33942**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **10621 Airport Rd. - Ste. 1**
3.4 CITY-ST-ZIP **Naples, FL 34109**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marion Gallant**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 (941) 592-7344

Date

Daytime Phone # **0060203**

CR2E037 (9/96)