2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # N95000003852 1. Entity Name SHERWOOD I, INC.							2008 9016	4 005 ****	61.25	
Principal Place of Business C/O RESORT MGMT 2685 HORSE SHOE DR S 215 NAPLES, FL 34104 US		Mailing Address C/O RESORT MGMT 2685 HORSE SHOE DR S 215 NAPLES, FL 34104 US				40094				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		- ""						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-NP	CR2E	(12/06)		
City & State		City & State				4. FEI Numbe 59-3335			⊢	pplied For at Applicable
Zip	Country	Zip	Cou	untry		5. Certificate	of Status Desir	ed 🗆	\$8.75 Add Fee Require	
=	6. Name and Address of Current	Registered Agent				7. Name and	Address of N	ew Registere	d Agent	
RENNER, CYNTHIA 225 RABEN HEAD CIR 101 NAPLES, FL 34104			Name Colon Bronk Street Address (P.O. Box Number is Not Acceptable)							
				25 City	7 NO	Robin 101es	Hoa	<i>Cill</i> F	C/L # 2	<u> 204</u> 84
8. The above	named entity submits this statement for	r the purpose of changing	g its register	ed office or	r register	ed agent, or bot	n, in the State	of Florida. 1 a	m familiar with,	and accept
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SIGNATURE.	Signature, typed or printed name of registered agent		NOTE: Registere	ed Agent signat	ture required	when reinstating)	ė I	DAT	100	
SIGNATURE .		and litte if applicable.	NOTE: Registere		tare required	when reinstating)	<i>S</i>	DATI		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	end little if applicable. 9. Efection	- , ,	inancing	ture required	when reinstating) \$5.00 May Br Added to Fees			eck payable to	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIS	9. Election Trust Ful	NOTE: Registere	Financing tion.				Florida Dep	eck payable to partment of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 based empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.