


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90164 005 ****61.25

DOCUMENT # N95000003852	
1. Entity Name SHERWOOD I, INC.	

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
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40094622



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3335192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RENNER, CYNTHIA 225 ROBIN HOOD CIR 101 NAPLES, FL 34104	

7. Name and Address of New Registered Agent	
Name	Rosemarie Biank
Street Address (P.O. Box Number is Not Acceptable)	257 Robin Hood Circle #204
City	Naples FL
Zip Code	34104

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Rosemarie P. Biank, Treas.** **4/30/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	GRAYARD, FRANCES A
STREET ADDRESS	305 ROBIN HOOD CIR 101
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	GERARD, STEVE
STREET ADDRESS	7424 BERSHIRE PINES DR
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input checked="" type="checkbox"/> Delete
NAME	RENNER, CYNTHIA
STREET ADDRESS	225 ROBIN HOOD CIRCLE #101
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	BANSLAN, WILLIAM
STREET ADDRESS	161 #201 ROBIN HOOD CIRCLE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	PERKINS, ROBERT
STREET ADDRESS	193 #203 ROBIN HOOD CIRCLE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Graugard, Frances
STREET ADDRESS	305-101 Robin Hood Circle
CITY-ST-ZIP	Naples, FL 34104
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Girard, Steven
STREET ADDRESS	7424 Berkshire Pines Drive
CITY-ST-ZIP	Naples, FL 34104
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Biank, Rosemarie
STREET ADDRESS	257 Robin Hood Circle #204
CITY-ST-ZIP	Naples, FL 34104
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Ensen, William
STREET ADDRESS	161 Robin Hood Circle #201
CITY-ST-ZIP	Naples, FL 34104
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee 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.

SIGNATURE:  **Rosemarie P. Biank, Treas.** **4/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #