2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N95000003852

Entity Name: SHERWOOD I, INC.

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORSE SHOE DR S 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT
2685 HORSE SHOE DR S 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-3335192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIANK, ROSEMARIE
257 ROBIN HOOD CIRCLE #204
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Title: VP ( ) Delete
Name: GRAUGARD, FRANCES
Address: 305-101 ROBIN HOOD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete
Name: GIRARD, STEVEN
Address: 7424 BERSHIRE PINES DRIVE
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: BIANK, ROSEAMARIE
Address: 257 ROBIN HOOD CIRCLE #204
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: ENSLEN, WILLIAM
Address: 161 ROBIN HOOD CIRCLE #201
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete
Name: PERKINS, ROBERT
Address: 193 #203 ROBIN HOOD CIRCLE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BURGER, AUDIE
Address: 161-204 ROBIN HOOD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROSEMARIE BIANK T 04/15/2009

Electronic Signature of Signing Officer or Director — Date