## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007659

Entity Name: SHERWOOD IV, INC.

FILED Apr 24, 2008 Secretary of State

10961 BONITA BEACH RD 6700 LONE OAK BLVD BONITA SPRINGS, FL 34135 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

10961 BONITA BEACH RD 6700 LONE OAK BLVD BONITA SPRINGS, FL 34135 NAPLES, FL 34109

FEI Number: 65-0991710 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:

PARK AVENUE PROPERTY MANAGEMENT LLC

10961 BONITA BEACH RD.

BONITA SPRINGS, FL 34135 US

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

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: BYRON ROSS 04/24/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P (X) Change ( ) Addition Name: METRICK, FLORA Name: WILLIAM, JONES

Address: 480 ROBIN HOOD CIRCLE, #202 Address: 480 ROBIN HOOD CIRCLE, #202

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete Title: VP (X) Change ( ) Addition

Name: JONES, BILL Name: VAN NOTE, MARILYN

Address: 480 ROBIN HOOD CIRCLE #202 Address: 450 ROBIN HOOD CIRCLE #102

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: VAN NOTE, MARILYN Name: BORSTEL, CARLA
Address: 450 ROBIN HOOD CIRCLE Address: 460 ROBIN HOOD CIRCLE, #202

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104

City-31-21p. NAPLES, PL 34104 City-31-21p. NAPLES, PL 34104

Title: Title: T ( ) Change (X) Addition

Name: SMITH, JOE

Address: Address: 470 ROBIN HOOD CIRCLE, #101

City-St-Zip: City-St-Zip: NAPLES, FL 34104

Name: Name: MACDONALD, DREW

Address: Address: 470 ROBIN HOOD CIRCLE, #202

City-St-Zip: City-St-Zip: NAPLES, FL 34104

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: BYRON ROSS MGR 04/24/2008