

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007659

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SHERWOOD IV, INC.

## Current Principal Place of Business:

6700 LONE OAK BLVD  
NAPLES, FL 34109

## New Principal Place of Business:

410 ROBIN HOOD CR  
202  
NAPLES, FL 34104

## Current Mailing Address:

6700 LONE OAK BLVD  
NAPLES, FL 34109

## New Mailing Address:

410 ROBIN HOOD CR  
202  
NAPLES, FL 34104

FEI Number: 65-0991710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PLUS, LLC  
410 ROBIN HOOD CR  
202  
NAPLES, FL 34104 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: PATRICK G FITZMORRIS

04/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAM, JONES  
Address: 480 ROBIN HOOD CIRCLE, #202  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: VAN NOTE, MARILYN  
Address: 450 ROBIN HOOD CIRCLE #102  
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete  
Name: BORSTEL, CARLA  
Address: 460 ROBIN HOOD CIRCLE, #202  
City-St-Zip: NAPLES, FL 34104

Title: T (X) Delete  
Name: SMITH, JOE  
Address: 470 ROBIN HOOD CIRCLE, #101  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete  
Name: MACDONALD, DREW  
Address: 470 ROBIN HOOD CIRCLE, #202  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ENSMINGER, JEANNINE  
Address: 490 ROBIN HOOD CIRCLE #101  
City-St-Zip: NAPLES, FL 34104

Title: ST (X) Change ( ) Addition  
Name: LILIEN, LESLIE  
Address: 450 ROBIN HOOD CIRCLE, #101  
City-St-Zip: NAPLES, FL 34104

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: PATRICK G FITZMORRIS

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date