## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P96000080276  1. Entity Name SHERWOOD COMMUNITIES, INC.					5		y or stat
Principal Place of Business Mailing Address 5672 STRAND CT 5672 STRAND CT SUITE 3 SUITE 3 NAPLES, FL 34110 NAPLES, FL 34110		5672 STRAND CT SUITE 3		1 (100)(115) (1			
DO NOT WRITE IN THIS SPA			CE	04262004 No Chg-P CR2E034 (10/03)  4. FEI Number			
6. Name and Address of Current Registered Agent  GODE, LARRY 5672 STRAND CT STE 3 NAPLES, FL 34110  8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. Lam familiar with, and accept				
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered				quired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.0  Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.  HILE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIF D GODE, LARRY 5672 STRAND CT STE 3 NAPLES, FL 34110	ECTORS	-		5676993 15703/ )4-5	48229 101 <b>3</b> 5-022	150.00
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	ET ADDRESS -ST-ZIP			DO NOT WRITE IN THIS SPACE			

12. I hereby certify that the information supplied with this filing-does not qualify for the exemption stated in Section 119.07(3)(i), 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 if am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a cotton like impowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED ON PROFTED NAME OF SIGNING OFFICER ON DIRECTOR

110112c

Oaylime Phone #