

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010442

**Entity Name:** SHERMAN WOOD RANCHES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**4280893078CC**

**Current Principal Place of Business:**

6659 SE 26TH TRAIL  
OKEECHOBEE , FL 34974

**Current Mailing Address:**

SHERMAN WOOD RANCHES  
P.O. BOX 2772  
OKEECHOBEE, FL 34973 US

**FEI Number:** 90-0369402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ENSOR, JACOB E ESQ.  
ROSS EARLE BONAN & ENSOR, P.A.  
789 SW FEDERAL HIGHWAY SUITE 101  
STUART , FL 34994 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:** JACOB E. ENSOR

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            WALLY, PUIG  
Address        12251 80TH LANE N.  
City-State-Zip: WEST PALM BEACH FL 33412

Title            DIRECTOR  
Name            ANDERSON, COURTNEY  
Address        6671 W INDIANTOWN RD #427  
City-State-Zip: JUPITER FL 33468

Title            DIRECTOR  
Name            SPINWEBER, BARRY JR.  
Address        P.O. BOX 3204  
City-State-Zip: OKEECHOBEE FL 34973

Title            DIRECTOR  
Name            KIRCHMAN, TIMOTHY  
Address        P.O. BOX 2078  
City-State-Zip: BELLE GLADE FL 33430

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARRY SPINWEBER

**DIRECTOR**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date