2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N36658

Entity Name: SHERWOOD FOREST HOMEOWNERS ASSOCIATION OF

DELRAY, INC.

Current Principal Place of Business:

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025

Current Mailing Address:

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 US

FEI Number: 38-2941479 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDOL, SAMUEL JR. KOVITZ SHIFRIN NESBIT 2101 NW CORPORATE BLVD. SUITE 410 BOCA RATON, FL 33431 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: SAMUEL LANDOL JR. 10/09/2025

Electronic Signature of Registered Agent Date

FILED

Oct 09, 2025

Secretary of State 5364827584CC

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name RYALS, SHARLA Name ORLANDO, ANTHONY

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF FLORIDA FLORIDA

FLORIDA
10112 USA TODAY WAY
FLORIDA
10112 US

0112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title SECRETARY Title DIRECTOR

Name HALL, LANCE Name PAPPAS, AMBER

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA 10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR Title VP

Name NEVILLE, RON Name ALLEGRO, TERESE

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

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: SHARLA RYALS PRESIDENT 10/09/2025