

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N92000000351

Entity Name: SHERWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

462 SHERWOOD OAKS RD
ORANGE CITY, FL 32763

Current Mailing Address:

462 SHERWOOD OAKS RD
ORANGE CITY, FL 32763 US

FEI Number: 59-3185132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOOKER & ASSOCIATES
1019 TOWN CENTER DRIVE
SUITE 201
ORANGE CITY, FL 32763 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title SECRETARY
Name SMOAK, DEBBIE
Address 2127 KING RICHARDS CT
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name STEINMANN, KIRK
Address 454 SHERWOOD OASK ROAD
City-State-Zip: ORANGE CITY FL 32763

Title TREASURER
Name JEFFREYS, NANCY
Address 528 SHERWOOD OAKS RD
City-State-Zip: ORANGE CITY FL 32763

Title PRESIDENT
Name O'CONNOR, YOLANDA
Address 550 KINGS CASTLE DR.
City-State-Zip: ORANGE CITY FL 32763

Title VP
Name MORICLE, PAMELA
Address 473 KINGS CASTLE DR.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name BATES, DONNA
Address 511 KINGS CASTLE DR.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name ANGLES, FRANCES
Address 2115 KING RICHARDS CT.
City-State-Zip: ORANGE CITY FL 32763

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: YOLANDA O'CONNOR

PRESIDENT, S.O.H.A.

08/25/2013

Electronic Signature of Signing Officer/Director Detail

Date