

**2018 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:**

THE GABLE LAW FIRM, P.A.  
318 SILVER BEACH AVENUE  
DAYTONA BEACH, FL 32174 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:** MATTHEW GABLE, ESQUIRE

07/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PLASCO, MARVIN  
Address        2084 KING RICHARDS COURT  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            MITLER, FRANCES  
Address        572 SHERWOOD OAKS RD  
City-State-Zip: ORANGE CITY FL 32763

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

Title            SECRETARY  
Name            RASCH, PAUL  
Address        2058 KINGS RICHARD COURT  
City-State-Zip: ORANGE CITY FL 32763

Title            VP  
Name            MOLINA, KAREN  
Address        2060 SHERWOOD FOREST  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            SCHEFFLER, DIANE  
Address        2125 SHERWOOD OAKS RD  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            CRUMPTON, MIKE  
Address        560 SHERWOOD OAKS RD  
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

**TREASURER**

07/26/2018

Electronic Signature of Signing Officer/Director Detail

Date