FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90122 013 ****61.25

DOCUMENT # 1. Corporation Name	N9500	000002	25
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SHEELER HILLS HOMEOWNER				
Principal Place of Business	Mailing Address			
257 PLAZA DR. STE D OVIEDO FL 32765 257 PLAZA DR. STE D OVIEDO FL 32765				
Principal Place of Business 1	2a. Mailing Address	3. Date Incorporated or Qualifed 01/03/1995		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3302134		
City & State	City & State	5. Certificate of Status Desired \$8		
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution		
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent		

	18 11 18 11 18 11		
		I BBIII BBIIA II	

	81	Name
WHITE, KENNETH L 257 PLAZA DR.	82	Street Address (P.O. Box Number is Not Acceptable)
STE D OVIEDO FL 32765	83	
	84	City FL 85 Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a	bove	-named corporation submits this statement for the numose of changing its registers

in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as registered agent. I am familiar with

SIGNATURE				*		ر ا
12.	Signature		Registered Agent signature require	d when reinstating)		
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	WHITE, KENNETH L		1.2 NAME		2 . 0	
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP			:
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	Rigsby, william d		2.2 NAME			
STREET ADDRESS	257 PLAZA DR. STE D		2.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP			ļ
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition
NAME	Browning, Edward		3.2 NAME		☐ ¢riaisgo	
STREET ADDRESS	257 PLAZA DR. STE D		3.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765		3.4. CITY-ST-ZIP			1
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		□ cuand a	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS			[
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			1
TITLE		DELETE	6.1 TITLE		Channe	
NAME			6.2 NAME		☐ Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44			a 0.11 - 01-24			

Thereby 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment of an address, with all other like empowered.

SIGNATURE:

407-366 9668

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees