


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767329** (6)
1. Corporation Name
SHEELER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 973 SADDLEBACK RIDGE ROAD PO BOX 320 APOPKA FL 32704 US	Mailing Address 973 SADDLEBACK RIDGE ROAD PO BOX 320 APOPKA FL 32704-0320 US
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2. Principal Place of Business 21 Attwood-Phillips, Inc Suite, Apt #, etc. 22 1350 Orange Avenue City & State 23 Winter Park, FL Zip 24 32789	2a. Mailing Address 26 Attwood-Phillips, Inc. Suite, Apt #, etc. 27 P.O. Box 1208 City & State 28 Winter Park, FL Zip 29 32790-1208	Country 25 US	Country 30 US
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3. Date Incorporated or Qualified 03/07/1983	3a. Date of Last Report 02/29/1996
4. FEI Number 59-2367089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CLARK, DIANE
973 SADDLE BACK RIDGE, ROAD
APOPKA FL 30703**

10. Name and Address of New Registered Agent
81 Name Roger V. Phillips
82 Street Address (P.O. Box Number is Not Acceptable) Attwood-Phillips, Inc.
83 1350 Orange Avenue
84 City Winter Park
85 Zip Code FL 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Roger V. Phillips, President** **4/9/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOLENA, DEANNA 961 SADDLEBACK RIDGE ROAD APOPKA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORGAN, LARRY 1127 SADDLEBACK RIDGE ROAD APOPKA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, DIANE 973 SADDLEBACK RIDGE ROAD APOPKA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Gregory Ogiste, Sr. 1136 Mill Run Circle Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS Ellen Juliano, Secretary 1103 Saddleback Ridge Road Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT James Boeder, Treasurer 1275 Crossfield Drive Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Pat Smith 1209 Cherrybark Road Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby 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, upon an attachment with an address.

SIGNATURE:  **Roger V. Phillips, President 4/9/97 (407) 644-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012768

CR2E037 (9/96)