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FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767329 (6)

1. Corporation Name

SHEELER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE
WINTER PARK FL 32789
US

C/O ATTWOOD-PHILLIPS, INC
P.O. BOX 1208
WINTER PARK FL 32780-1208
US

3. Date Incorporated or Qualified

03/07/1983

4. FEI Number

59-2367089

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, ROGER V
C/O ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME OGISTE SR, GREGORY
STREET ADDRESS 1136 MILL RUN CIRCLE
CITY-ST-ZIP APOPKA FL ☒ DELETE

1.1 TITLE
1.2 NAME DP
1.3 STREET ADDRESS Deborah Lotz
1.4 CITY-ST-ZIP 1055 Saddleback Ridge Road
Apopka, FL 32703 ☐ Change ☒ Addition

TITLE DS
NAME JULIANO, ELLEN
STREET ADDRESS 1103 SADDLEBACK RIDGE ROAD
CITY-ST-ZIP APOPKA FL ☒ DELETE

2.1 TITLE DV
2.2 NAME Todd Kozak
2.3 STREET ADDRESS 1043 Saddleback Ridge Road
2.4 CITY-ST-ZIP Apopka, FL 32703 ☐ Change ☒ Addition

TITLE DT
NAME BOEDER, JAMES
STREET ADDRESS 1275 CROSSFIELD DRIVE
CITY-ST-ZIP APOPKA FL ☒ DELETE

3.1 TITLE DS
3.2 NAME Evelyn Robertson
3.3 STREET ADDRESS 1840 Snapdragon Court
3.4 CITY-ST-ZIP Apopka, FL 32703 ☐ Change ☒ Addition

TITLE D
NAME SMITH, PAT
STREET ADDRESS 1209 CHERRYBARK ROAD
CITY-ST-ZIP APOPKA FL ☒ DELETE

4.1 TITLE DT
4.2 NAME Rosemary Schultz
4.3 STREET ADDRESS 1842 Summit Chase
4.4 CITY-ST-ZIP Apopka, FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D
5.2 NAME Mary Doyle
5.3 STREET ADDRESS 2009 Sheeler Oaks Drive
5.4 CITY-ST-ZIP Apopka, FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, or on an attachment with an address.

SIGNATURE

Deborah Lotz

3/6/98 (407) 644-4500 x205

CR2E037 (10/97)