2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767329

FILED Mar 30, 2009 Secretary of State

Entity Name: SHEELER OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

860 NORTH S R 434 1044 WINDSONG CIRCLE STE 1009 APOPKA, FL 32703

ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address: Current Mailing Address:

860 NORTH S R 434 STE 1009

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2367089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN 860 NORTH S R 434 STE 1009

ALTAMONTE SPRINGS, FL 32714 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SANTANA, RAFAEL SANTANA, RAFAEL Name: Name:

1130 MILL RUN CT Address: 1130 MILL RUN CT Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 US

Title: PD () Delete Title: (X) Change () Addition O'NEAL, ELAINE Name: O'NEAL, ELAINE Name:

Address: 1044 WINDSONG CIRCLE Address: 1044 WINDSONG CIRCLE City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 US

Title: () Delete Title: (X) Change () Addition MACDONALD, CHARLENE MACDONALD, CHARLENE Name: Name:

Address: P.O. BOX 697 P.O. BOX 697 Address: City-St-Zip: APOPKA, FL 32704 City-St-Zip: APOPKA, FL 32704 US

Title: TD () Delete Title: (X) Change () Addition IVILL, MARK Name: IVILL, MARK Name:

1259 SADDLEBACK RIDGE ROAD 1259 SADDLEBACK RIDGE ROAD Address: Address:

City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 US

Title: () Delete Title: () Change (X) Addition DUVALL, REBECCA Name: Name:

1067 WINDSONG CIRCLE Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32703 US

Title: () Delete Title: () Change (X) Addition HERNQUIST, EDITH A MGR Name: Name: Address: Address: 860 NORTH S.R. 434, SUITE 1009

ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST MGR 03/30/2009