

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767329

Entity Name: SHEELER OAKS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1044 WINDSONG CIRCLE
APOPKA, FL 32703**Current Mailing Address:**860 NORTH S R 434
STE 1009
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-2367089**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	O'NEAL, ELAINE
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	PALLITTA, SUSAN
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	S/T
Name	ADAMS, PAUL III
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	PEREZ-PAGAN, SHRILEY
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	GALLOWAY, LINDA
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	BROWN, DWAYNE
Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: SUSAN PALLITTA**MANAGER****03/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date