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: JUAN FLORES

Electronic Signature of Signing Officer/Director Detail

MANAGER

03/30/2013

2013 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

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN 860 NORTH S R 434 STE 1009 ALTAMONTE SPRINGS, FL 32714 US FILED Mar 30, 2013 Secretary of State CC3968258129

Certificate of Status Desired: No

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	Ρ	Title	D
Name	O'NEAL, ELAINE	Name	BLANCHARD, ROBERT
Address	860 NORTH S R 434 STE 1009	Address	860 NORTH S R 434 STE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	S, T	Title	MGR
Title Name	S, T DUVALL, REBECCA A	Title Name	MGR FLORES, JUAN
	,		