

**2015 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 DIRECTOR  
Name DUVALL, REBECCA A  
Address 860 NORTH S R 434  
STE 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY, TREASURER  
Name FIORELLO, THERESA  
Address 860 NORTH S R 434  
STE 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title VP  
Name BLANCHARD, ROBERT  
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 DIRECTOR  
Name MARRERO, ELIM  
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**

**01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date