

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:54

DOCUMENT # 725671 (2)

1. Corporation Name

SHEOAH HIGHLANDS, INC.

Principal Place of Business: 50-35 SHEOAH BLVD. WINTER SPRINGS FL 32708
Mailing Address: 50-35 SHEOAH BLVD. WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1900323
Applied For: Not Applicable

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SHEOAH HIGHLANDS, INC. SEC 1, 50-35 SHEOAH BLVD. WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting)

| 12. OFFICERS AND DIRECTORS | |
|------------------------------------|---------------------------------------|
| TITLE: PD | NAME: TIFFANY, SHIRLEY |
| STREET ADDRESS: 50-33 SHEOAH BLVD. | CITY-ST-ZIP: WINTER SPRINGS, FL 00000 |
| TITLE: D | NAME: RHYDDERCH, LEE |
| STREET ADDRESS: 40-29 SHEOAH BLVD | CITY-ST-ZIP: WINTER SPRINGS FL |
| TITLE: TD | NAME: DORNFEST, REGINA |
| STREET ADDRESS: 50-34 SHEOAH BLVD | CITY-ST-ZIP: WINTER SPRINGS FL |
| TITLE: VD | NAME: WALTON, PANSY |
| STREET ADDRESS: 70-43 SHEOAH BLVD. | CITY-ST-ZIP: WINTER SPRINGS FL |
| TITLE: SD | NAME: MATTAI, THERESA |
| STREET ADDRESS: 40-25 SHEOAH BLVD | CITY-ST-ZIP: WINTER SPRINGS FL |
| TITLE: | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Shirley G. Tiffany* 3-20-95 (407) 699-0707
SIGNATURE AND TYPED AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date (Type in Plain)