

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725671

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1900323	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEOAH HIGHLANDS, INC, SEC 1 50-35 SHEOAH BLVD. WINTER SPRINGS FL 32708				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TIFFANY, SHIRLEY		1.2 NAME				
STREET ADDRESS	50-33 SHEOAH BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS, FL 00000		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RHYDDERCH, LEE		2.2 NAME				
STREET ADDRESS	40-29 SHEOAH BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DORNFEST, REGINA		3.2 NAME	GEORGIA SELBY			
STREET ADDRESS	50-34 SHEOAH BLVD		3.3 STREET ADDRESS	60-38 SHEOAH BLVD			
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WALTON, PANSY		4.2 NAME				
STREET ADDRESS	70-43 SHEOAH BLVD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MATTAI, THERESA		5.2 NAME				
STREET ADDRESS	40-25 SHEOAH BLVD		5.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-199 407)699-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)