## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726497** 

FILED May 01, 2006 Secretary of State

Entity Name: SHEOAH HIGHLAND TWO, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	EOAH BLVD PRINGS, FL 32708	US		
Current Mailing Address:			New Mailing Address:	
	EOAH BLVD PRINGS, FL 32708	US		
		.S., the corporation did not receive	· · · · · ·	Certificate of Status Desired ( )  f New Registered Agent:
ivaine and	Address of Carrent	Registered Agent.	Name and Address o	i New Registered Agent.
BUTCHER 411-33 SHI WINTER S	, GARY EOAH BLVD PRINGS, FL 32708	US		
The above in the State		this statement for the purpose of	of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
		ature of Registered Agent		Date
OFFICERS	AND DIRECTORS:	ů ů	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title	DD / \ Delete		Title:	( ) Change ( ) Addition
Title: Name:	PD () Delete DAVID, MYERS		Name:	( ) Change ( ) Addition
Address:	409-25 SHEOAH BLVD		Address:	
City-St-Zip:	WINTER SPRINGS, FL 3	32708	City-St-Zip:	
Title:	TD () Delete		Title:	( ) Change ( ) Addition
Name:	URBAN, LEONÁRD		Name:	(,,====================================
Address:	136 PARK RD N		Address:	
City-St-Zip:	ROYAL PALM BEACH, F	L 33411	City-St-Zip:	
Title:	VPD ( ) Delete		Title:	( ) Change ( ) Addition
Name:	THOMPSON, ROBERT		Name:	. , ,
Address:	411-35 SHEOAH BLVD		Address:	
City-St-Zip:	WINTER SPRINGS, FL 3	32708	City-St-Zip:	
Title:	DS () Delete		Title:	() Change () Addition
Name:	JACOBS, JANICE		Name:	
Address:	409-11 SHEOAH BLVD.		Address:	
	WINTER SPRINGS, FL 3	32708	City-St-Zip:	
	VIII. 21 11. 100, 12 1			
City-St-Zip:	DS ( ) Delete		Title:	( ) Change ( ) Addition
City-St-Zip: Title:			Name:	( ) Change ( ) Addition
City-St-Zip: Title: Name: Address:	DS () Delete BUTCHER, GARY W SR. 411-33 SHEOAH BLVD.		Name: Address:	( ) Change ( ) Addition
City-St-Zip: Title: Name: Address: City-St-Zip:	DS () Delete BUTCHER, GARY W SR.		Name:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MYERS	PD	05/01/2006
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