

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726497

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SHEOAH HIGHLAND TWO, INC.

**Current Principal Place of Business:**

411 SHEOAH BLVD  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

405-407-409-411 SHEOAH BLVD  
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

C/O GARY W. BUTCHER  
134 SILVER CREST DRIVE  
HAINES CITY, FL 33844 US

**New Mailing Address:**

FEI Number: 59-1463359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTCHER, GARY W  
134 SILVER CREST DRIVE  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOANNA, PANTOZIS  
Address: 409 SHEOAH BLVD #29  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: DAVID, MYER  
Address: 409 SHEOAH BLVD. #25  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD ( ) Delete  
Name: THOMPSON, ROBERT  
Address: 411 SHEOAH BLVD #35  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS ( ) Delete  
Name: JACOBS, DEBBIE  
Address: 409 SHEOAH BLVD. #9  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS (X) Delete  
Name: BUTCHER, GARY W SR.  
Address: 134 SILVER CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PANTOZIS, JOANNA  
Address: 409 SHEOAH BLVD #29  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD (X) Change ( ) Addition  
Name: MYER, DAVID  
Address: 409 SHEOAH BLVD. #25  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD (X) Change ( ) Addition  
Name: BUTCHER, GARY W SR.  
Address: 134 SILVER CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY W. BUTCHER, SR.

VPD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date