

**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 APR 10 PM 1:49**

**DOCUMENT # 726498 (9)**  
1. Corporation Name

**SHEOAH HIGHLANDS THREE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **SHEOAH HIGHLANDS THREE, INC.  
POST OFFICE BOX 195477  
WINTER SPRINGS FL 32719-2477**

Mailing Address: **SHEOAH HIGHLANDS THREE, INC.  
POST OFFICE BOX 195477  
WINTER SPRINGS FL 32719-2477**

3. Date Incorporated or Qualified <b>05/24/1973</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>59-1470061</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>VAN HISSENHOVEN, FLORENCE 202 ORIENTAL POINT ALTAMONTE SPRINGS FL 32701</b>	10. Name and Address of New Registered Agent 81 Name <b>Paine-Anderson Properties, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>620 Nighthawk Circle</b> 83 <b>Winter Springs, Fl. 32708</b> 84 City <b>FL</b> 85 Zip Code
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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: [Signature] **Paine-Anderson Properties, Inc.** **3/30/95**  
Signature (Typed & printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reappointing! DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>-PD VAN HISSENHOVEN, FLORENCE 202 ORIENTAL POINT ALTAMONTE SPRINGS FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD VanHissenhoven, Florence 202 Orienta Pt Altamonte Springs, Fl 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD LOEWEN, ANNE 413-1 SHEOAH BLVD. WINTER SPRGS, FL 00000</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>-SD BROWN, GENE 413-14 SHEOAH BLVD. WINTER SPRINGS FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP Fulmer, Virginia 413-5 Sheoah Blvd. winter Springs, Fl. 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BERK, ROSAMOND 413-3 SHEOAH BLVD. WINTER SPRINGS FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>-SD BAILEY, MARGUERITE BOS 991 GENEVA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD Petrencsik, Marguerite Box 991 Geneva, Fl. 32732</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: [Signature] **Loewen** **4/3/95** **407** **722-3546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE