

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 726498 (9)**

1. Corporation Name  
**SHEOAH HIGHLANDS THREE, INC.**



Principal Place of Business	Mailing Address
SHEOAH HIGHLANDS THREE, INC. <del>POST OFFICE BOX 105477</del> WINTER SPRINGS FL 32719-2477-	SHEOAH HIGHLANDS THREE, INC. <del>POST OFFICE BOX 105477</del> WINTER SPRINGS FL 32719-2477

3. Date Incorporated or Qualified <b>05/24/1973</b>	3a. Date of Last Report <b>04/10/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>413-1 Sheoah Blvd</b>	26 <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Winter Springs, Fl. 32708</b>	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-1470061</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>% PAINE-ANDERSON PROPERTIES INC</b> <b>620 NIGHTHAWK CIR</b> <b>WINTER SPRINGS FL 32708</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN HISSENHOVEN, FLORENCE</b>	1.2 NAME	
STREET ADDRESS	<b>202 ORIENTAL POINT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTEMONTE SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEWEN, ANNE</b>	2.2 NAME	
STREET ADDRESS	<b>413-1 SHEOAH BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRGS, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<del>VP</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FULMER, VIRGINIA</del>	3.2 NAME	<b>Walter Thomas</b>
STREET ADDRESS	<del>413-5 SHEOAH BLVD.</del>	3.3 STREET ADDRESS	<b>413-13 Sheoah Blvd.</b>
CITY-ST-ZIP	<del>WINTER SPRINGS FL</del>	3.4 CITY-ST-ZIP	<b>Winter Springs, Fl. 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERK, ROSAMOND</b>	4.2 NAME	
STREET ADDRESS	<b>413-3 SHEOAH BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>VP</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRENCIK, MARGUERITE</b>	5.2 NAME	
STREET ADDRESS	<b>BOX 991</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GENEVA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Bill Shaw</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>60-4) Sheoah Blvd</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Winter Springs, Fl. 32708</b>

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 unchanged, or on an attachment with an address.

SIGNATURE: Anne Berk 4-17-96 (407) 695-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)