

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 726498 (9)**

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



Principal Place of Business 413-1 SHEOAH BLVD D WINTER SPRINGS FL 32708 US	Mailing Address 413-1 SHEOAH BLVD WINTER SPRINGS FL 32708 US
--	---

3. Date Incorporated or Qualified <b>05/24/1973</b>	
4. FEI Number <b>59-1470061</b>	Applied For <input type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <b>Condo Assoc.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**% PAINE-ANDERSON PROPERTIES INC**  
**620 NIGHTHAWK CIR**  
**WINTER SPRINGS FL 32708**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NORTON, DAVID</b>
STREET ADDRESS	<b>302 ROBIN HILL</b>
CITY-ST-ZIP	<b>ALTEMONTE SPRINGS FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LOEWEN, ANNE</b>
STREET ADDRESS	<b>413-1 SHEOAH BLVD.</b>
CITY-ST-ZIP	<b>WINTER SPRGS, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEE, RICHARD</b>
STREET ADDRESS	<b>415-9 SHEOAH BLVD.</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BERK, ROSAMOND</b>
STREET ADDRESS	<b>413-3 SHEOAH BLVD.</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>PETRENCISK, MARGUERITE</b>
STREET ADDRESS	<b>BOX 991</b>
CITY-ST-ZIP	<b>GENEVA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JUNE SINSAR</b>
1.3 STREET ADDRESS	<b>413-2 SHEOAH BLVD</b>
1.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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]* T 1/9/98 - 407-327-3546

CR2E037 (10/97)