


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90174 023 \*\*\*\*61.25

0013263

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 726498**  
 1. Corporation Name  
**SHEOAH HIGHLANDS THREE, INC.**

13/355 - 90174 - 23

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
--	---



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address 26. PO Box 182146 Suite, Apt. #, etc. 27. City & State 28. Casselberry FL Zip Country 29. 32718 30. USA	3. Date Incorporated or Qualified 05/24/1973	4. FEI Number 59-1470061	- Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINSAR, JUNE	1.2 NAME	
STREET ADDRESS	413-Z SHEDAH BLVD	1.3 STREET ADDRESS	413-2 sheoah BLVD
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, ANNE	2.2 NAME	Norton, DAVID
STREET ADDRESS	413-1 SHEOAH BLVD.	2.3 STREET ADDRESS	302 ROBIN-HILL DR
CITY-ST-ZIP	WINTER SPRGS, FL 00000	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	LEE, RICHARD	3.2 NAME	
STREET ADDRESS	415-9 SHEOAH BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	PETRENSIK, MARGUERITE	4.2 NAME	
STREET ADDRESS	BOX 991	4.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Beasley, TERE
STREET ADDRESS		5.3 STREET ADDRESS	413-4 Sheoah BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Moler, MARVIN
STREET ADDRESS		6.3 STREET ADDRESS	417-21 Sheoah BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Marguerite B. Petrenzik **FILED** 1/25/99 (407) 366-2506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)