

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 048 ****70.00



DOCUMENT # 726498

1. Entity Name

SHEOAH HIGHLANDS THREE, INC.

Principal Place of Business

**620 NIGHTHAWK CIRCLE
 WINTER SPRINGS FL 32708
 US**

Mailing Address

**P.O. BOX 195771
 WINTER SPRINGS FL 32719-5771
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1470061

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Paine - Melton Property Manager 3/31/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SINSAR, JUNE | |
| STREET ADDRESS | 413-Z SHEDAH BLVD | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | TUNNEY, PHYLLIS | |
| STREET ADDRESS | 413-1 SHEOAH BLVD. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PARKER, SHERYL | |
| STREET ADDRESS | 413-4 SHERAL BLVD. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KENNEDY, JUDY | |
| STREET ADDRESS | 413-7 SHEOAH BLVD | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bonatto, Susan | |
| STREET ADDRESS | 415-12 Shedd Blvd | |
| CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wheeler, Linda | |
| STREET ADDRESS | 417-24 Sherald Blvd | |
| CITY-ST-ZIP | Winter Springs FL 32708 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis B. Tunney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 (407) 927-1317

Date

Daytime Phone #