

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 767329 (6)

1. Corporation Name

SHEELER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1823 SNAPDRAGON COURT  
PO BOX 320  
APOPKA FL 32704  
US

1823 SNAPDRAGON COURT  
PO BOX 320  
APOPKA FL 32704  
US

3. Date Incorporated or Qualified  
03/07/1983

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 973 Saddleback Ridge Rd

26 973 Saddleback Ridge Rd

4. FEI Number

59-2367089

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAN SOUCI, HANK  
1823 SNAPDRAGON COURT  
APOPKA FL 30703

81 Name

Clark, DIANE

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

973 Saddleback Ridge Rd

83

84 City

Apopka

FL

85 Zip Code

32703

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

Diane Clark

DIANE CLARK, Treasurer

2/25/96

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |                                            |
|-----------------|-------------------------|--------------------------------------------|
| TITLE           | DP                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | SAN SOUCI, HANK         |                                            |
| STREET ADDRESS  | 1823 SNAPDRAGON COURT   |                                            |
| CITY - ST - ZIP | APOPKA FL               |                                            |
| TITLE           | DV                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | BARROWCLOUGH, JAN       |                                            |
| STREET ADDRESS  | 1284 INDIAN BLUFF DRIVE |                                            |
| CITY - ST - ZIP | APOPKA FL               |                                            |
| TITLE           | DT                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | DUNFEE, SCOTT           |                                            |
| STREET ADDRESS  | 1286 INDIAN BLUFF DRIVE |                                            |
| CITY - ST - ZIP | APOPKA FL               |                                            |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |

13. ADDITIONS - CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |                                                                              |
|---------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | DP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Bohena, Deanna           |                                                                              |
| 1.3 STREET ADDRESS  | 961 Saddleback Ridge Rd  |                                                                              |
| 1.4 CITY - ST - ZIP | Apopka, FL 32703         |                                                                              |
| 2.1 TITLE           | DV                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | harry morgan             |                                                                              |
| 2.3 STREET ADDRESS  | 1121 Saddleback Ridge Rd |                                                                              |
| 2.4 CITY - ST - ZIP | Apopka, FL 32703         |                                                                              |
| 3.1 TITLE           | DT                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | Diane Clark              |                                                                              |
| 3.3 STREET ADDRESS  | 973 Saddleback Ridge Rd  |                                                                              |
| 3.4 CITY - ST - ZIP | Apopka, FL 32703         |                                                                              |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Diane Clark

DIANE CLARK

2/25/96

407-880-8240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)