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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767329** (6)
1. Corporation Name
SHEELER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 973 SADDLEBACK RIDGE ROAD PO BOX 320 APOPKA FL 32704 US	Mailing Address 973 SADDLEBACK RIDGE ROAD PO BOX 320 APOPKA FL 32704-0320 US
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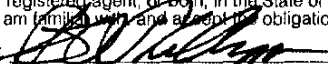
2. Principal Place of Business 21 Attwood-Phillips, Inc Suite, Apt #, etc. 22 1350 Orange Avenue City & State 23 Winter Park, FL Zip 24 32789	2a. Mailing Address 26 Attwood-Phillips, Inc. Suite, Apt #, etc. 27 P.O. Box 1208 City & State 28 Winter Park, FL Zip 29 32790-1208	Country 25 US	Country 30 US
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3. Date Incorporated or Qualified 03/07/1983	3a. Date of Last Report 02/29/1996
4. FEI Number 59-2367089	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**CLARK, DIANE
973 SADDLE BACK RIDGE, ROAD
APOPKA FL 30703**

10. Name and Address of New Registered Agent
81 Name Roger V. Phillips
82 Street Address (P.O. Box Number is Not Acceptable) Attwood-Phillips, Inc.
83 1350 Orange Avenue
84 City Winter Park
85 Zip Code FL 32789

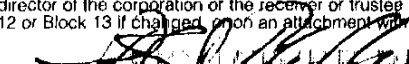
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Roger V. Phillips, President** **4/9/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DP	☒ DELETE
NAME BOLENA, DEANNA	
STREET ADDRESS 961 SADDLEBACK RIDGE ROAD APOPKA FL	
CITY-ST-ZIP	
TITLE DV	☒ DELETE
NAME MORGAN, LARRY	
STREET ADDRESS 1127 SADDLEBACK RIDGE ROAD APOPKA FL	
CITY-ST-ZIP	
TITLE DT	☒ DELETE
NAME CLARK, DIANE	
STREET ADDRESS 973 SADDLEBACK RIDGE ROAD APOPKA FL	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP	☐ Change ☒ Addition
1.2 NAME Gregory Ogiste, Sr.	
1.3 STREET ADDRESS 1136 Mill Run Circle	
1.4 CITY-ST-ZIP Apopka, FL 32703	
2.1 TITLE DS	☐ Change ☒ Addition
2.2 NAME Ellen Juliano, Secretary	
2.3 STREET ADDRESS 1103 Saddleback Ridge Road	
2.4 CITY-ST-ZIP Apopka, FL 32703	
3.1 TITLE DT	☐ Change ☒ Addition
3.2 NAME James Boeder, Treasurer	
3.3 STREET ADDRESS 1275 Crossfield Drive	
3.4 CITY-ST-ZIP Apopka, FL 32703	
4.1 TITLE D	☐ Change ☒ Addition
4.2 NAME Pat Smith	
4.3 STREET ADDRESS 1209 Cherrybark Road	
4.4 CITY-ST-ZIP Apopka, FL 32703	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address.

SIGNATURE:  **Roger V. Phillips, President 4/9/97 (407) 644-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012768

CR2E037 (9/96)