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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE WINTER PARK FL 32789 US	Mailing Address C/O ATTWOOD-PHILLIPS, INC P.O. BOX 1208 WINTER PARK FL 32780-1208 US
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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
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3. Date Incorporated or Qualified 03/07/1983	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	7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent PHILLIPS, ROGER V C/O ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE WINTER PARK FL 32789	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
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OGISTE SR, GREGORY 1136 MILL RUN CIRCLE APOPKA FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Deborah Lotz 1055 Saddleback Ridge Road Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIANO, ELLEN 1103 SADDLEBACK RIDGE ROAD APOPKA FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV Todd Kozak 1043 Saddleback Ridge Road Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOEDER, JAMES 1275 CROSSFIELD DRIVE APOPKA FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS Evelyn Robertson 1840 Snapdragon Court Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAT 1209 CHERRYBARK ROAD APOPKA FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT Rosemary Schultz 1842 Summit Chase Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Mary Doyle 2009 Sheeler Oaks Drive Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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: *Deborah Lotz* 3/16/98 (407) 644-4500 x205

CR2E037 (10/97)