

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90112 047 ****61.25

DOCUMENT # 767329

1. Corporation Name

SHEELER OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

668 N. ORLANDO AVE.
SUITE 105
MAITLAND FL 32751
US

Mailing Address

668 N. ORLANDO AVE.
SUITE 105
MAITLAND FL 32751
US

458984 - 90112 - 47



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

MORBITZER, MARGARET L
% MORBITZER GROUP, INC.
668 N. ORLANDO AVE., SUITE 105
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE DP ☐ DELETE

NAME LOTZ, DEBORAH
STREET ADDRESS 1055 SADDLEBACK RIDGE ROAD
CITY-ST-ZIP APOPKA FL 32703

TITLE DV ☒ DELETE

NAME KOZACK, TODD
STREET ADDRESS 1043 SADDLEBACK RIDGE ROAD
CITY-ST-ZIP APOPKA FL 32703

TITLE DS ☒ DELETE

NAME ROBERTSON, EVELYN
STREET ADDRESS 1840 SNAPDRAGON COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE DT ☒ DELETE

NAME SCHULTZ, ROSEMARY
STREET ADDRESS 1842 SUMMIT CHASE
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ DELETE

NAME DOYLE, MARY
STREET ADDRESS 2009 SHEELER OAKS DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Deborah Lotz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

407. 880 3595
Daytime Phone #

CR2E037 (11/98)

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