

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767329

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2367089

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

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

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME KOZAK, TODD
STREET ADDRESS 1043 SADDLEBACK RIDGE ROAD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME JENKINS, FRED
STREET ADDRESS 1820 IROQUOIS DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DAVIS, SHERRY
STREET ADDRESS 1272 PIN OAK DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☐ Change ☒ Addition
NAME Sharpe, Treva
STREET ADDRESS 1257 Crossfield Dr.
CITY-ST-ZIP Apopka, FL 32703

TITLE SD ☒ Delete
NAME CASEY, ROBERT
STREET ADDRESS 1765 SADDLEBACK RIDGE ROAD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90443 029 ****61.25



DO NOT WRITE IN THIS SPACE

C-3334

CR2E037 (10/00)