

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767329

1. Entity Name

SHEELER OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME D'NEAL, ELAINE  
STREET ADDRESS 1044 WINDSONG CIRCLE  
CITY-ST-ZIP APOPKA, FL 32703

TITLE SD  
NAME SHARPE, TREYA ☐ Delete  
STREET ADDRESS 1257 CROSSFIELD DR.  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Change ☐ Addition  
NAME V.P.O. SHARPE, TREYA  
STREET ADDRESS 1257 CROSSFIELD DR  
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SD ELMORE, CARLENE  
STREET ADDRESS P.O. Box 697  
CITY-ST-ZIP APOPKA, FL 32704

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  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90056 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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