
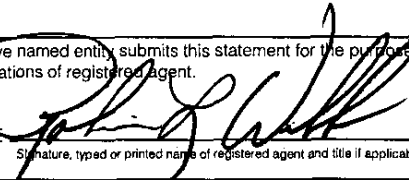


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90016 005 \*\*\*\*61.25

<b>DOCUMENT # 767329</b> 1. Entity Name <b>SHEELER OAKS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>668 N. ORLANDO AVE. SUITE 105 MAITLAND, FL 32751 US</b>			Mailing Address <b>668 N. ORLANDO AVE. SUITE 105 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business <b>901 N. Lake Destiny Drive</b> Suite, Apt. #, etc. <b>Suite 110</b>		3. Mailing Address <b>901 N. Lake Destiny Drive</b> Suite, Apt. #, etc. <b>Suite 110</b>			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>		4. FEI Number <b>59-2367089</b>	
Zip <b>32751</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEBB, ROBIN L 668 N. ORLANDO AVENUE, SUITE 105 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>901 N. Lake Destiny Drive</b> <b>Suite 110</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4/9/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO <input type="checkbox"/> Delete <b>SHARPE, TREYA 1257 CROSSFIELD DR. APOPKA, FL 32703</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Chronister, Tim 1242 Indian Bluff Apopka, FL 32703</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>O'NEAL, ELAINE 1044 WINDSONG CIRCLE APOPKA, FL 32703</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete <b>ELMORE, CARLENE P.O. BOX 697 APOPKA, FL 32704</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete <b>BROWN, JON 1776 SADDLEBACK RIDGE RD. APOPKA, FL 32703</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Elaine O'Neal</b> <b>Elaine O'Neal</b> <b>4-7-04</b> <b>407-886-3330</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					