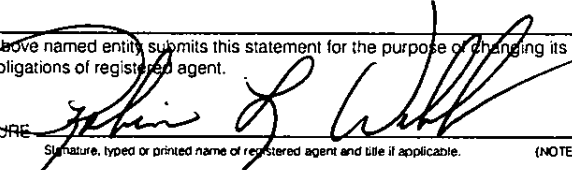
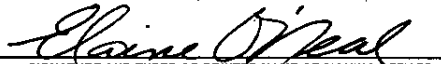


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90055 007 ****61.25

DOCUMENT # 767329					
1. Entity Name SHEELER OAKS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 901 N LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US			Mailing Address 901 N LAKE DESTINY DRIVE STE 110 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	
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		
WEBB, ROBIN L 901 N LAKE DESTINY DRIVE STE 110 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPO	NAME SHARPE, TREYA	☐ Delete	TITLE D	NAME Ivill, Mark	☐ Change ☒ Addition
STREET ADDRESS 1257 CROSSFIELD DR.	1259 Saddleback Ridge Road				
CITY-ST-ZIP APOPKA, FL 32703	Apopka, FL 32703				
TITLE PD	NAME O'NEAL, ELAINE	☐ Delete	TITLE D	NAME CHRONISTER, TIM	☐ Change ☐ Addition
STREET ADDRESS 1044 WINDSONG CIRCLE	1242 INDIAN BLUFF				
CITY-ST-ZIP APOPKA, FL 32703	APOPKA, FL 32703				
TITLE SD	NAME ELMORE, CARLENE	☐ Delete	TITLE D	NAME BROWN, JON	☐ Change ☐ Addition
STREET ADDRESS P.O. BOX 697	1776 SADDLEBACK RIDGE RD.				
CITY-ST-ZIP APOPKA, FL 32704	APOPKA, FL 32703				
TITLE TD	NAME BROWN, JON	☐ Delete	TITLE D	NAME CHRONISTER, TIM	☐ Change ☐ Addition
STREET ADDRESS 1776 SADDLEBACK RIDGE RD.	1242 INDIAN BLUFF				
CITY-ST-ZIP APOPKA, FL 32703	APOPKA, FL 32703				
TITLE D	NAME CHRONISTER, TIM	☒ Delete	TITLE D	NAME BROWN, JON	☐ Change ☐ Addition
STREET ADDRESS 1242 INDIAN BLUFF	1776 SADDLEBACK RIDGE RD.				
CITY-ST-ZIP APOPKA, FL 32703	APOPKA, FL 32703				
TITLE D	NAME CHRONISTER, TIM	☐ Delete	TITLE D	NAME BROWN, JON	☐ Change ☐ Addition
STREET ADDRESS 1242 INDIAN BLUFF	1776 SADDLEBACK RIDGE RD.				
CITY-ST-ZIP APOPKA, FL 32703	APOPKA, FL 32703				
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 #	