# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2007 8:00 am**
**Secretary of State**
04-19-2007 90199 045 ****61.25

DOCUMENT # 767329

1. Entity Name
SHEELER OAKS COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 901 N LAKE DESTINY DRIVE<br>STE 110<br>MAITLAND, FL 32751 US | 901 N LAKE DESTINY DRIVE<br>STE 110<br>MAITLAND, FL 32751 US |

02142007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 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**

WEBB, ROBIN L
901 N LAKE DESTINY DRIVE
STE 110
MAITLAND, FL 32751

**7. Name and Address of New Registered Agent**

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) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPO<br>UTEGG, RICHARD<br>1734 SUNRIDGE DR<br>APOPKA, FL 32703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>O'NEAL, ELAINE<br>1044 WINDSONG CIRCLE<br>APOPKA, FL 32703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MACDONALD, CI ARLENE<br>P.O. BOX 697<br>APOPKA, FL 32704 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>IVILL, MARK<br>1259 SADDLEBACK RIDGE ROAD<br>APOPKA, FL 32703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHRONISTER, TIM<br>1242 INDIAN BLUFF<br>APOPKA, FL 32703 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>IVILL, MARK<br>1259 SADDLEBACK RIDGE ROAD<br>APOPKA, FL 32703 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Elaine O'Neal Pres. 4/5/07 407.886.3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #