2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2010
Secretary of State

DOCUMENT# 767329

Entity Name: SHEELER OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1044 WINDSONG CIRCLE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

860 NORTH S R 434
STE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2367089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S R 434
STE 1009
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DUVALL, REBECCA
Address: 1067 WINDSONG CR
City-St-Zip: APOPKA, FL 32703 US

Title: P
Name: O'NEAL, ELAINE
Address: 1044 WINDSONG CIRCLE
City-St-Zip: APOPKA, FL 32703 US

Title: S
Name: MACDONALD, CHARLENE
Address: P.O. BOX 697
City-St-Zip: APOPKA, FL 32704 US

Title: T
Name: IVILL, MARK
Address: 1259 SADDLEBACK RIDGE ROAD
City-St-Zip: APOPKA, FL 32703 US

Title: MGR
Name: HERNQUIST, EDITH A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST MGR 02/09/2010

Electronic Signature of Signing Officer or Director — Date