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TRANSMITT L LETTER

Division of Corporations			
SUBJECT: Sheeler Oaks Community	/ Association, Inc.	<u> </u>	·
	(Name of corporation)		
DOCUMENT NUMBER: 767329			- · · · · ·
The enclosed Statement of Change of	Registered Office/Agent and	fee are submitted fo	r filing.
Please return all correspondence conc	erning this matter to the follo	wing:	
Linda J. Jarvinen			
(Name of persor	1)		
Coldwell Banker Commercial NRT			T, 8
(Name of firm/comp	pany)		8 SE
668 N. Orlando Avenue, Suite 105			FILED 03 SEP 17 PM 2:5
(Address)			EE PI
Maitland, FL 32751			1 2: FEC
(City/state and zip co	ode)		55)REC)REC
For further information concerning th	is matter, please call:		A
Linda J. Jarvinen	at (407) 539	9-1000 x 120	
(Name of person)	at (407) 539 (Area code & day)	time telephone number	r)_
Enclosed is a \$35.00 check made paya	able to the Department of Star	te.	
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	-	

TO: Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of change is submitted for a corpo	02, 617.0502, 607.1508, or 617.1508 oration organized under the laws of the	he State of
of Florida.	of the corporation: Sheeler Oaks C	gistered office or registered agent, o	r voin, in the state
2. The princip	al office address: 668 N. Orlando	Avenue, Suite 105, Maitland, FL 3275	1
3. The mailing	g address (if different):		
4. Date of inco	erporation/qualification: 3/7/83	Document number:	767329
	and street address of the current rego partment of State: Morbitzer, Margaret L.	gistered agent and registered office or	1 file with the
	668 N. Orlando Avenue, Suite 10	05	
	Maitland, FL 32751		
6. The name changed):	Webb, Robin L. 668 N. Orlando Avenue, Suite 10	gistered agent (if changed) and /or r	egistered office (if
	Maitland, FL 32751		
The street add agent, as chan	dress of its registered office and the liged will be identical.	he street address of the business office	be of its registered
orgnature of an office	cer, chairman or vice chairman of the board)	adopted by its board of directors or been notified in writing of the change of the change of the change of typed name and title	1, tresident
I hereby accept further agreed performance of the p	pt the appointment as registered a e to comply with the provisions of of my duties, and I am familiar wi ent. Or, if this document is being s, thereby confirm that the corpor	agent and agree to act in this capaci f all statutes relative to the proper a ith and accept the obligation of my p filed merely to reflect a change in th ration has been notified in writing of	ity. nd complete position as he registered f this change.
75	(Signature of Registered Agent)	8/22/4003 (Date)	03
If signing on both		44	SEP (LLAH
KLW	(Typed or Printed Name)	MANAGEN (Capacity)	-
	•	G FEE: \$35.00 * * *	P. P.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314