

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47266**
1. Corporation Name

Sheffield Property Owners Association, Inc.

Principal Place of Business

Mailing Address

Arena Management Group, Inc.
3485 W. Vine Street
Kissimmee, FL 34741

Arena Management Group, Inc.
3485 W. Vine Street
Kissimmee, FL 34741

3. Date Incorporated or Qualified
2-11-92

3a. Date of Last Report
1-15-95

2. Principal Place of Business

2a. Mailing Address

21 Arena Management Group, Inc.

26 Arena Management Group, Inc.

4. FEI Number
59-3213209

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3485 W. Vine Street

27 3485 W. Vine Street

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Kissimmee, FL

28 Kissimmee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34741

25 Osceola

29 34741

30 Osceola

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Arena Management Group, Inc.
3485 W. Vine Street
Kissimmee, FL 34741

81 Name

Arena Management Group, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
3485 W. Vine Street

83

84 City

Kissimmee

FL

85 34741

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sara D. Arena
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-20-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME JOHNSON, RICKY
1.3 STREET ADDRESS 1822 SALISBURY CT.
1.4 CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D/VP ☐ Change ☒ Addition
2.2 NAME PLEDGER, BRIAN
2.3 STREET ADDRESS 2232 STONEHEDGE LOOP
2.4 CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/S/T ☐ Change ☒ Addition
3.2 NAME MARTINEZ, JOSE
3.3 STREET ADDRESS 2216 STONEHEDGE LOOP
3.4 CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME MINER, BRUCE
4.3 STREET ADDRESS 2234 STONEHEDGE LOOP
4.4 CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME AVILES, BILL
5.3 STREET ADDRESS 2242 STONEHEDGE LOOP
5.4 CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 600001740936
6.3 STREET ADDRESS -03/13/96--01027--010
6.4 CITY-ST-ZIP ***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certifying that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ricky Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96
Date

Daytime Phone #

CP2E037 (12/95)