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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47266 (4)
1. Corporation Name
SHEFFIELD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business ARENA MANAGEMENT GROUP, INC. 3485 W. VINE STREET KISSIMMEE FL 34741	Mailing Address ARENA MANAGEMENT GROUP, INC. 3485 W. VINE STREET KISSIMMEE FL 34741
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3. Date Incorporated or Qualified 02/11/1992	
4. FEI Number 59-3213209	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ARENA MANAGEMENT GROUP, INC.
3485 W VINE ST
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

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 Tara Arena Cara Arena 2-10-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JOHNSON, RICKY 1822 SALISBURY CT KISSIMMEE FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEDGER, BRIAN 2232 STONERHEDGE LOOP KISSIMMEE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEZ, JOSE 2216 STONERHEDGE LOOP KISSIMMEE FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILES, BILL 2242 STONERHEDGE LOOP KISSIMMEE FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MINER, BRUCE 2242 STONERHEDGE LOOP KISSIMMEE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 2-10-98 407-344-8190
Signature, typed or printed name of signing officer or director. (Date) (Phone Number)

CR2E037 (10/97)