

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000025

FILED
Mar 30, 2009
Secretary of State

Entity Name: SHEELER HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1033 SHEELER HILLS DRIVE
APOPKA, FL 32703 US

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3302134 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
SUITE 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: PD () Delete
Name: SMITH, BOB
Address: 1033 SHEELER HILLS DRIVE
City-St-Zip: APOPKA, FL 32703

Title: ST () Delete
Name: CARTER, FRANK II
Address: 1050 SHEELER HILLS DR
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: MAIN, DEBORAH
Address: 1045 SHELER HILLS DR.
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, BOB
Address: 1033 SHEELER HILLS DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: ST (X) Change () Addition
Name: CARTER, FRANK II
Address: 1050 SHEELER HILLS DR
City-St-Zip: APOPKA, FL 32703 US

Title: V (X) Change () Addition
Name: MAIN, DEBORAH
Address: 1045 SHELER HILLS DR.
City-St-Zip: APOPKA, FL 32703 US

Title: MGR () Change (X) Addition
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 supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

03/30/2009

Electronic Signature of Signing Officer or Director

Date