

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725671

**Entity Name:** SHEOAH HIGHLANDS, INC.

**Current Principal Place of Business:**

301 WEST SR 434  
SUITE 325  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

P O BOX 195771  
WINTER SPRINGS, FL 32719-5771

**FEI Number: 59-1900323**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PAINE-ANDERSON PROPERTIES, INC.  
301 W S.R. 434  
SUITE 325  
WINTER SPRINGS, FL 32708 US

*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

**Officer/Director Detail :**

Title DST  
Name TIFFANY, MELISSA  
Address 50-33 SHEOAH BLVD  
City-State-Zip: WINTER SPRINGS FL 32708

Title DVP  
Name CONRAD, EDWIN  
Address 80-4 MOREE LOOP  
City-State-Zip: WINTER SPRINGS FL 32708

Title DP  
Name SOLIS, NESTOR  
Address 4127 WHITE HERON DR  
City-State-Zip: ORLANDO FL 32808

Title D  
Name ENSLIN, ESPERANZA  
Address 70-41 SHEOAH BLVD  
City-State-Zip: WINTER SPRINGS FL 32708

Title D  
Name SERVAN, MARIA  
Address 20-16 SHEOAH BLVD  
City-State-Zip: WINTER SPRINGS FL 32708

*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: NESTOR SOLIS**

**PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date