

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

DOCUMENT# 726497

**Entity Name:** SHEOAH HIGHLAND TWO, INC.

**Current Principal Place of Business:**

405-407-409-411 SHEOAH BLVD  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

SHEOAH HIGHLANDS TWO, INC. C/O G. BUTCHER  
134 SILVER CREST DRIVE  
HAINES CITY, FL 33844

**FEI Number:** 59-1463359

**Certificate of Status Desired:** No

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

BUTCHER, GARY WSR.  
134 SILVER CREST DRIVE  
HAINES CITY, FL 33844 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 PD  
Name PANTOZIS, JOANNA  
Address 409 SHEOAH BLVD #29  
City-State-Zip: WINTER SPRINGS FL 32708

Title TD  
Name MYER, DAVID  
Address 409 SHEOAH BLVD. #25  
City-State-Zip: WINTER SPRINGS FL 32708

Title VPD  
Name BUTCHER, GARY WSR.  
Address 134 SILVER CREST DRIVE  
City-State-Zip: HAINES CITY FL 33844

Title DS  
Name JACOBS, DEBBIE  
Address 409 SHEOAH BLVD. #9  
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:** GARY BUTCHER

**BOARD MEMBER**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date