

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767329

**Entity Name:** SHEELER OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS , FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS , FL 32714 US

**FEI Number:** 59-2367089

**Certificate of Status Desired:** No

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

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA  
1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS , FL 32714 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:** BRETT M JORDAN

02/12/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DURRE, DAVID  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name DOUGLAS, CHANDLER  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name WARE, JOHN  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name WELKER, PAMELA  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER  
Name SPECIALTY MANAGEMENT COMPANY  
OF CENTRAL FLORIDA  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** BRETT M JORDAN

MANAGER

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date