

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763282

**Entity Name:** SEBRING BRIDGE CLUB, INC.

**Current Principal Place of Business:**

347 FERNLEAF AVE  
SEBRING, FL 33870-3610

**Current Mailing Address:**

347 FERNLEAF AVE  
SEBRING, FL 33870-3610 US

**FEI Number:** 58-2188159

**Certificate of Status Desired:** No

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

MCLEAN, DOUGLAS A  
300 CIRCLE PARK DRIVE  
SEBRING, FL 33870 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:** DOUGLAS A MCLEAN

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARBY, MARY BETH  
Address        2828 PALO VERDE DR.  
City-State-Zip: AVON PARK FL 33825

Title            TREASURER  
Name            LONSTEIN, HARRIET  
Address        915 GALAXY AVE.  
City-State-Zip: SEBRING FL

Title            BOARD MEMBER  
Name            DUNCAN, CAROLINE  
Address        1707 DIVOT LANE  
City-State-Zip: SEBRING FL 33872

Title            VP  
Name            FARRAR, CLAYTON  
Address        4025 RAIN DANCE  
City-State-Zip: SEBRING FL 33872

Title            BOOKEEPER  
Name            MCNANY, BARBARA  
Address        824 GOLFSIDE LANE  
City-State-Zip: SEBRING FL 33872

Title            BOARD MEMBER  
Name            CELAYA, ROBERTO  
Address        531 SUN N LAKES BLVD  
City-State-Zip: LAKE PLACID FL 33852

Title            BOARD MEMBER  
Name            WISER, DANIELA  
Address        6337 MATANZAS DRIVE  
City-State-Zip: SEBRING FL 33872

Title            SECRETARY  
Name            MCNUTT, SHARON  
Address        1724 HAWTHORNE DRIVE  
City-State-Zip: SEBRING FL 33870

*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:** BARBARA MCNANY

BOOKKEEPER

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date