

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$995)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:45

DOCUMENT # 703413 (5)

1. Corporation Name
SEBRING HILLS ASSOCIATION, INC.

Principal Place of Business Mailing Address
200 LARK AVE. SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/05/1962** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-1004946** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GAUER, JOHN H
113 ROBIN AVE
SEBRING FL 33872**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	SMITH, BERNARD
STREET ADDRESS	318 QUAIL AVE
CITY - ST - ZIP	SEBRING FL
TITLE	P
NAME	GAUER, JOHN
STREET ADDRESS	113 ROBIN AVENUE
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	DIGGLE, ROBERT
STREET ADDRESS	214 THRUSH AVE
CITY - ST - ZIP	SEBRING FL
TITLE	T
NAME	ALLEN, A.F.
STREET ADDRESS	239 RAIL AVENUE
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	SPURRIER, CHARLES
STREET ADDRESS	239 QUAIL AVE
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	MCMULLIN, ETHEL
STREET ADDRESS	2444 SWALLOW AVE
CITY - ST - ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PRESIDENT
13 STREET ADDRESS	RICHTER, MARIE
14 CITY - ST - ZIP	9 NORTH EGRET SEBRING FL 33870
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICE PRESIDENT
23 STREET ADDRESS	JOHN TOROK
24 CITY - ST - ZIP	107 ROBIN AVENUE SEBRING FL 33872
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY
33 STREET ADDRESS	FORSBERG, MARILYN
34 CITY - ST - ZIP	110 ROBIN AVENUE SEBRING FL 33870
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Treasurer
43 STREET ADDRESS	ALLEN, A.F.
44 CITY - ST - ZIP	239 RAIL AVENUE SEBRING FL 33870
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DIRECTOR
53 STREET ADDRESS	YOUNG, KAY MILLS
54 CITY - ST - ZIP	2416 WINDLIE BLVD SEBRING FL 33872
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. F. Allen Treas. **A. F. ALLEN** 6-12-95 941-382-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3-95)