


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703413 (5)**  
1. Corporation Name  
**SEBRING HILLS ASSOCIATION, INC.**



Principal Place of Business <b>200 LARK AVE. SEBRING FL 33872</b>	Mailing Address <b>200 LARK AVE. SEBRING FL 33872</b>
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3. Date Incorporated or Qualified  
**01/05/1962**

4. FEI Number <b>59-1004946</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TRANTER, MARIE</b>
STREET ADDRESS	<b>9 N EGRET STREET</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>TOROK, JOHN</b>
STREET ADDRESS	<b>107 ROBIN AVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HORROM, MARWIN</b>
STREET ADDRESS	<b>320 LARK AVENUE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DEMERE, CY</b>
STREET ADDRESS	<b>221 RAIL AVENUE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROBINSON, STANLEY</b>
STREET ADDRESS	<b>211 ROBIN AVENUE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCMULLIN, ETHEL</b>
STREET ADDRESS	<b>2444 SWALLOW AVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Art Dillon</b>
2.3 STREET ADDRESS	<b>202 Dove Avenue</b>
2.4 CITY-ST-ZIP	<b>Sebring, FL. 33872</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S Midge Barksdale</b>
3.3 STREET ADDRESS	<b>226 Thrush Avenue</b>
3.4 CITY-ST-ZIP	<b>Sebring, FL. 33872</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie Tranter* Marie Tranter, President 941-382-1454

CR2E037 (10/97)