


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703413** ✓

1. Corporation Name  
**SEBRING HILLS ASSOCIATION, INC.**

Principal Place of Business 200 LARK AVE. SEBRING FL 33872	Mailing Address 200 LARK AVE. SEBRING FL 33872
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21. Principal Place of Business <b>As Above</b>	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/05/1962</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1004946</b>
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	<b>DILLON, ART</b>	
STREET ADDRESS	<b>202 DOVE AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARKSDALE, MIDGE</b>	
STREET ADDRESS	<b>226 THRUSH AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>T</b>	<input checked="" 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 checked="" 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	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DEMERE, CY</b>	
1.3 STREET ADDRESS	<b>221 RAIL AVENUE</b>	
1.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MEZZA, PETE</b>	
2.3 STREET ADDRESS	<b>233 SWALLOW AVENUE</b>	
2.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CRICLOW, SUE</b>	
3.3 STREET ADDRESS	<b>310 QUAIL AVENUE</b>	
3.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GAUER, JOHN H.</b>	
4.3 STREET ADDRESS	<b>113 ROBIN AVENUE</b>	
4.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DIGGLE, ROBERT</b>	
6.3 STREET ADDRESS	<b>2716 WILSON BLVD</b>	
6.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **8/10/99** **941-385-1884**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)