

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90038 021 ****61.25

0087403

DOCUMENT # 703413

1. Entity Name

SEBRING HILLS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**200 LARK AVE.
 SEBRING FLA 33872**

**200 LARK AVE.
 SEBRING FLA 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1004946

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABDALLA, GARY
 223 SPARROW AVE
 SEBRING FL 33872**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DEMERI, CY	221 RAIL AVE	SEBRING FL 33872				
VP	MEZZA, PETE	233 SWALLOW AVE	SEBRING FL 33872				
S	SPURRIER, MARY J	239 QUAIL AVE	SEBRING FL 33872				
T	ABDALLA, GARY	223 SPARROW AVE	SEBRING FL 33872				
D	FREDERICK, FINN	308 QUAIL AVE	SEBRING FL				
D	HAYMAKER, DEAN	4035 S. EGRET ST	SEBRING FL 33872				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Signature of Gary Abdalla
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01 382-4111

AB007630



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)