

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 033 ****61.25

DOCUMENT # 703413
 1. Entity Name
SEBRING HILLS ASSOCIATION, INC.



Principal Place of Business
**200 LARK AVE.
 SEBRING, FL 33872**

Mailing Address
**200 LARK AVE.
 SEBRING, FL 33872**

40005442



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
**CONLEY, CAROL J
 304 LARK AVE
 SEBRING, FL 33872**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CAROL J. CONLEY - TREASURER JAN 20, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIONNE, PAULINE 604 S. CRANE ST. SEBRING, FL 33872	GILBERT BENNETT 204 RAIL AVE. SEBRING, FL. 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1-VP CRAMBLIT, KAY 220 WREN AVE. SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, RUTH 228 KITE AVE SEBRING, FL 33872	SUE VERNON 210 IBIS AVE. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONLEY, CAROL 304 LARK AVE. SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, ALBERTA 318 ROBIN AVE SEBRING, FL 33872	FINN FREDERICK 308 QUAIL AVE SEBRING, FL. 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAKS, JAMES 317 DOVE AVE. SEBRING, FL 33872	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carol J. Conley January 20, 2007 863-386-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #