

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90865 012 ****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**

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DEMERY, CY	221 RAIL AVE	SEBRING FL 33872	<input checked="" type="checkbox"/>
VP	MEZZA, PETE	233 SWALLOW AVE	SEBRING FL 33872	<input checked="" type="checkbox"/>
S	SPURRIER, MARY J	239 QUAIL AVE	SEBRING FL 33872	<input checked="" type="checkbox"/>
T	ABDALLA, GARY	223 SPARROW AVE	SEBRING FL 33872	<input type="checkbox"/>
D	FREDERICK, FINN	308 QUAIL AVE	SEBRING FL	<input type="checkbox"/>
D	HAYMAKER, DEAN	4035 S. EGRET ST	SEBRING FL 33872	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	MARY ABAUER	113 ROBIN AVE	SEBRING FL 33872-3534	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	GENE HOENICKE	307 SWALLOW AVE	SEBRING, FL. 33872	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEC.	RUTH DAVIS	228 KITE AVE	SEBRING, FL 33872	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	Joyce HOENICKE	307 SWALLOW AVE	SEBRING, FL. 33872	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	Pete MEZZA	233 SWALLOW AVE	SEBRING, FL 33872	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ART DILLON	202 DOVE AVE	SEBRING, FL 33872	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: GARY ABDALLA 2/26/03 863-471-2336

CR2E037 (10/02)