2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90026 017 ****70.00

DOCUMENT # 705144

1. Entity Name
SEBRING GOLF ASSOCIATION INC

40003557

Principal Place of Business	Mailing Address
3129 GOLFVIEW RD. SEBRING, FL 33875-5003	3129 GOLFVIEW RD. SEBRING, FL 33875-5003

01142005 Chg-NP CR2E037 (10/03)

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 59-1114189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITS, DONNA M.
1220 HIGHLANDS DR.
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name Earl F. Wilkins
Street Address (P.O. Box Number is Not Acceptable) 4119 Golfview Rd
City Sebring FL Zip Code 33875

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 Earl F. Wilkins 1/17/05
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, 2005

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	P WILKINS, EARL F 4119 GOLFVIEW RD SEBRING, FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treasurer	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPATAFORE, RONALD 5237 CAIRO DR. SEBRING, FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST UNITS, DONNA M 1220 HIGHLANDS DR. LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORMAN, BOBBI 213 JAY AVENUE SEBRING, FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOOKER, DEAN 109 LINCOLN RD., NW LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOLEY, CHUCK 636 9TH AVE SEBRING, FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☑ Change ☐ Addition

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: Charles F Cooley 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #