


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 030 ****70.00

DOCUMENT # 705144 1. Entity Name SEBRING GOLF ASSOCIATION INC					
Principal Place of Business 3129 GOLFVIEW RD. SEBRING, FL 33875-5003			Mailing Address 3129 GOLFVIEW RD. SEBRING, FL 33875-5003		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1114189				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILKINS, EARL F 4119 GOLFVIEW RD SEBRING, FL 33875			Name <u>JOSEF CURIEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>765 GOLFSIDE LANE</u> City <u>Sebring</u> <u>FL</u> Zip Code <u>33872</u>		
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 <u>Earl F. Wilkins</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, EARL F		NAME	CURIEL, JOSEF	
STREET ADDRESS	4119 GOLFVIEW RD		STREET ADDRESS	765 GOLFSIDE LN.	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, FLA 33872	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATAFORE, RONALD		NAME	BARNES, James	
STREET ADDRESS	5237 CAIRO DR.		STREET ADDRESS	113 S. CIRCLE DR. 33870	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, FLA 33875	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, CHUCK		NAME	WILKINS, EARL F.	
STREET ADDRESS	636 9TH AVE		STREET ADDRESS	4119 GOLFVIEW RD.	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, FLA 33875	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Josef Curiel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR-25-2006 863-385-6979 <small>Date Daytime Phone #</small>		