2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2007 8:00 am Secretary of State

DOCUMENT # 705144 1. Entity Name SEBRING GOLF ASSOCIATION INC										7 900 3 7	044 ****		
Principal Plac 3129 GOLFV SEBRING, FL	IEW RD.	3129 GO	Mailing Address 3129 GOLFVIEW RD. SEBRING, FL 33875-5003				4 F 20 116 1 20 11		apikan ikin di ikan	ki direli direli si	8 56 848 10 8 1824 9 85		
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02142007	Chg-l	NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Numbe 59-111					pplied For ot Applicable
Zip	Zip Country		Zip		Cou	Country		5. Certificate				\$8.75 Ad Fee Require	ditional ad
	6. Name	and Address of Current	Registered Ag	gent .				7. Name and	Address	s of New F	Registered	Agent	
CHRIEL I	IOCEE					Name							
CURIEL, JOSEF 765 GOLFSIDE LANE SEBRING, FL 33872						Street Add	dress (P.	O. Box Numbe	er is Not	Acceptabl	e)		
						City			-		FL	Zip Coc	de
	named entity tions of regist	y submits this statement for ered agent.	or the purpose (of changing its	register	ed office or re	registere	d agent, or bot	th, in the	State of Fi	iorida. I am	familiar with	, and accept
SIGNATURE		· /											
0.	Signature, typed	or printed name of registered agen	t and title if applicable	, (NOTI	: Registere	d Agent signature	e required w	hen reinstating)			DATE		
	Filing Fe	or printed name of registered agen e is \$61.25 lay 1, 2007		Noti Election Can Trust Fund C	npaign F	inancing		5.00 May B	le		Make chec	k payable t	
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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:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josef Curiel

APR-24-07

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