


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90032 026 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 705144</b><br>1. Entity Name<br><b>SEBRING GOLF ASSOCIATION INC</b>  |   |  |  |                  |  |
| Principal Place of Business<br>3129 GOLFVIEW RD.<br>SEBRING, FL 33875-5003   |   |  | Mailing Address<br>3129 GOLFVIEW RD.<br>SEBRING, FL 33875-5003   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3118 GOLFVIEW RD.</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>3118 GOLFVIEW RD.</b><br>Suite, Apt. #, etc.            |  |   |  |
| City & State<br><b>SEBRING, FL</b>   |   | City & State<br><b>SEBRING, FL</b>   |  | 4. FEI Number<br><b>59-1114189</b>  |  |
| Zip<br><b>33875</b>  |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CURIEL, JOSEF</b><br><b>765 GOLFSIDE LANE</b><br><b>SEBRING, FL 33872</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>WILKINS, EARL F.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3276 GOLFVIEW RD.</b><br>City <b>SEBRING</b> <b>FL</b> Zip Code <b>33875</b> |   |  |
| 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.<br><br>SIGNATURE <u><i>Earl F. Wilkins</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">3/9/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>CUIREL, JOSEF<br>765 GOLFSIDE LANE<br>SEBRING, FL 33872         | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>WILKINS, EARL F.<br>3276 GOLFVIEW ROAD<br>SEBRING, FL 33875                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>JENKINS, MEREDITH<br>3818 THUNDERBIRD HILL<br>SEBRING, FL 33872 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>JENKINS, MEREDITH<br>3818 THUNDERBIRD HILL<br>SEBRING, FL 33872                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SPATAFORE, RONALD<br>5237 CAIRO DRIVE<br>SEBRING, FL 33875       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>TALBOTT, HERMAN<br>2132 FIESTA WAY<br>SEBRING, FL 33872                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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><i>Earl F. Wilkins</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | 3/9/08 863-382-3270<br><small>Date Daytime Phone #</small>   |   |  |