


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90110 005 \*\*\*\*70.00

<b>DOCUMENT # 710400</b> 1. Entity Name <b>SEBRING RECREATION CLUB, INC.</b>					
Principal Place of Business 333 POMEGRANATE AVE SEBRING, FL 33871 US			Mailing Address 333 POMEGRANATE AVE SEBRING, FL 33871 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1144396</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HILLMAN, ANNETTE</b> <b>5420 ANGELO CIRCLE</b> <b>SEBRING, FL 33872</b>				7. Name and Address of New Registered Agent Name: <b>WEISE, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>735 HIBISCUS ST</b> City: <b>SEBRING</b> FL Zip Code: <b>33870</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. SIGNATURE: <u><i>Larry Weise</i></u> DATE: <u>1/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILLMAN, ANNETTE <input checked="" type="checkbox"/> Delete 5420 ANGELO CIRCLE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WEISE, LARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 735 HIBISCUS ST SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HANN, BEVERLY <input type="checkbox"/> Delete 4719 SAGO PALM DR. SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP STRAUB, EDWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6750 U.S. 27 NORTH - V10A SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WEISE, LARRY <input type="checkbox"/> Delete 735 HIBISCUS ST. SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISEL, GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3834 SUNBIRD CIRCLE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILLMAN, DONALD <input checked="" type="checkbox"/> Delete 5420 ANGEL CIR. SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, RUTH <input type="checkbox"/> Delete 1999 CLARADGE AVE AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, ROBERT <input type="checkbox"/> Delete 2740 DE SOTO ROAD SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>George Kisel</i></u> (GEORGE KISEL) <u>1/10/05</u> <u>863-386-9101</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					