

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90416 001 \*\*\*\*61.25

**DOCUMENT # 713398**

1. Entity Name

SEBRING COUNTRY ESTATES CIVIC ASSOCIATION,  
INC.



Principal Place of Business

3240 GRAND PRIX DRIVE  
SEBRING FL 33872

Mailing Address

3240 GRAND PRIX DRIVE  
SEBRING FL 33872

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

59-6206111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAY, RUTH  
3403 ASTON MARTIN DRIVE  
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE P  
NAME SUTFIN, JUANITA  
STREET ADDRESS 3012 PARKWOOD ROAD  
CITY-ST-ZIP SEBRING FL 33872 ☒ Delete

TITLE VP  
NAME HOSKINSON, ANN  
STREET ADDRESS 1623 BENZ TERRACE  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE T  
NAME PLATTNER, DOROTHY  
STREET ADDRESS 3411 ASTON MARTIN  
CITY-ST-ZIP SEBRIDGE FL 33872 ☐ Delete

TITLE T  
NAME RIVERA, SAM  
STREET ADDRESS 1312 CORVETTE AVE  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE T  
NAME TAUAREZ, FELIX  
STREET ADDRESS 1002 CERVETTE AVENUE  
CITY-ST-ZIP SEBRING FL 33872 ☒ Delete

TITLE T  
NAME HILKERT, ROBERT  
STREET ADDRESS 1407 CORVETTE AVENUE  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME HOSKINSON, ANN  
STREET ADDRESS 1623 BENZ TERR  
CITY-ST-ZIP SEBRING, FL 33872 ☒ Change ☐ Addition

TITLE VP  
NAME FLEISCHER, MILLIE  
STREET ADDRESS 1503 CORVETTE AVE  
CITY-ST-ZIP SEBRING, FL 33872 ☒ Change ☐ Addition

TITLE T  
NAME PLATTNER, DOROTHY  
STREET ADDRESS 3411 ASTON MARTIN  
CITY-ST-ZIP SEBRING, FL 33872 ☐ Change ☐ Addition

TITLE T  
NAME RIVERA, SAM  
STREET ADDRESS 1312 CORVETTE AVE  
CITY-ST-ZIP SEBRING FL 33872 ☐ Change ☐ Addition

TITLE T  
NAME SCHULLER, GEORGE  
STREET ADDRESS 1622 BENZ TERR  
CITY-ST-ZIP SEBRING FL 33872 ☒ Change ☐ Addition

TITLE T  
NAME HILKERT, ROBERT  
STREET ADDRESS 1407 CORVETTE AVE  
CITY-ST-ZIP SEBRING FL 33872 ☐ 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:

*Ruth Ellen Dray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Ellen Dray

4/23/04

Date

863-386-1907

Daytime Phone #