

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-13-2007 90014 003 ****70.00

DOCUMENT # 738315 1. Entity Name SEBRING FALLS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2100 CARIBBEAN RD. EAST SEBRING FL 33872			Mailing Address 2100 CARIBBEAN RD. SEBRING FL 33872		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1688078	
Zip		Country		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HULBERT, BEVERLY 1551 ST THOMAS AVE SEBRING FL 33872				7. Name and Address of New Registered Agent 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 <u>Beverly Hulbert</u> DATE <u>Feb 2, 2007</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <u>PD</u> NAME <u>HULBERT, WILLIAM</u> STREET ADDRESS <u>1551 ST THOMAS AVE</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☐ Delete <u>Director / Pres.</u>		TITLE ☐ Change ☒ Addition NAME <u>BILL MINGUS</u> STREET ADDRESS <u>1545 ST THOMAS AV</u> CITY-STATE-ZIP <u>SEBRING, FL 33872</u>	<u>Director</u>	
TITLE <u>D</u> NAME <u>FISCHER, DONALD</u> STREET ADDRESS <u>1559 ST THOMAS AVE</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☐ Delete <u>Director</u>		TITLE ☐ Change ☒ Addition NAME <u>MARION NOEL</u> STREET ADDRESS <u>2005 CARIBBEAN RD</u> CITY-STATE-ZIP <u>SEBRING, FL 33872</u>	<u>Director</u>	
TITLE <u>VPD</u> NAME <u>SLOTTER, JOHN</u> STREET ADDRESS <u>1603 BERMUDA AVE.</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☐ Delete <u>Director / VP</u>		TITLE ☐ Change ☒ Addition NAME <u>EMORY PRICE</u> STREET ADDRESS <u>1560 ST THOMAS AV</u> CITY-STATE-ZIP <u>SEBRING, FL 33872</u>	<u>Director</u>	
TITLE <u>D</u> NAME <u>JENKINS, WILLIAMS</u> STREET ADDRESS <u>2211 BAHAMA RD</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☐ Delete <u>Director</u>				
TITLE <u>D</u> NAME <u>BLOCK, DAROLD</u> STREET ADDRESS <u>1507 CARIBBEAN RD</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☒ Delete <u>Director</u>				
TITLE <u>D</u> NAME <u>JOHNSON, JONNY</u> STREET ADDRESS <u>2103 CARIBBEAN RD</u> CITY-STATE-ZIP <u>SEBRING FL 33872</u>	☒ Delete <u>Director</u>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Beverly Hulbert</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>Feb 2, 2007</u> <u>843-235-0029</u> Telephone Number		