

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

1996 4-17-96 B-

3812  
(7)

DOCUMENT # 744479

1. Corporation Name

SUN 'N LAKE OF SEBRING VOLUNTEER FIRE DEPARTMENT  
, INC.



Principal Place of Business

Mailing Address

5306 SUN 'N LAKE BLVD.  
SEBRING FL 33872

5306 SUN 'N LAKE BLVD.  
SEBRING FL 33872

3. Date Incorporated or Qualified  
10/04/1978

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAVONI, DONALD  
5306 SUN-N-LAKE BLVD  
SEBRING FL 33870

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME CURCIO, JOHN  
STREET ADDRESS 4812 LEUCADENDRA DR  
CITY-ST-ZIP SEBRING FL

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME STIMSON, DAVID  
1.3 STREET ADDRESS 114 THOMAS ST.  
1.4 CITY-ST-ZIP AVON PARK, FL 33825

TITLE VD ☒ DELETE  
NAME CHAPMAN, MARK  
STREET ADDRESS 803 TRIUMPH DRIVE  
CITY-ST-ZIP SEBRING FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME RAMIREZ, CARLOS  
2.3 STREET ADDRESS 4136 CAPRI ST.  
2.4 CITY-ST-ZIP SEBRING, FL 33872

TITLE TD ☐ DELETE  
NAME BERTKA, JAMES  
STREET ADDRESS 5306 SUN 'N LAKE BLVD  
CITY-ST-ZIP SEBRING FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME DUNBAR, PATRICIA  
STREET ADDRESS 4812 LEUCADENDRA DRIVE  
CITY-ST-ZIP SEBRING FL

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME EPLING, BETSY  
4.3 STREET ADDRESS 4909 SHAD DR.  
4.4 CITY-ST-ZIP SEBRING, FL 33870

TITLE D ☐ DELETE  
NAME GAVONI, DONALD  
STREET ADDRESS 3819 RAMIRO ST.  
CITY-ST-ZIP SEBRING FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Gavoni DONALD GAVONI

4/3/96

941-382-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)