

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754471

FILED
Jan 12, 2009
Secretary of State

Entity Name: SEBRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3625 VALERIE BLVD.
P.O. BOX 1153
AVON PARK, FL 33825

New Principal Place of Business:

2506 VALERIE BLVD.
SEBRING, FL 33870

Current Mailing Address:

3625 VALERIE BLVD.
P.O. BOX 1153
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-2748119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLSON, CHARLES E
2506 VALERIE BLVD
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STROTHMAN, CHARLES A
Address: 4918 WHITING DR
City-St-Zip: SEBRING, FL

Title: DST () Delete
Name: WILLSON, C E
Address: 2506 VALERIE BLVD
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: SCHERER, JAMES
Address: 4716 WHITING DR
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STROTHMAN, CHARLES A
Address: 4918 WHITING DR
City-St-Zip: SEBRING, FL 33870

Title: DST (X) Change () Addition
Name: WILLSON, C E
Address: 2506 VALERIE BLVD
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.E. WILLSON

DST

01/12/2009

Electronic Signature of Signing Officer or Director

Date