

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90046 023 ****61.25

40007428



DOCUMENT # 764563					
1. Entity Name SE					
Principal Place of Business SEBRING PARK ASSOC 6705 ASHTON DRIVE SEBRING, FL 33876 US			Mailing Address P. O. BOX 58 LORIDA, FL 33857 US		
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 59-2893468	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAN BENNEKOM, DICK 6724 ASHTON DR SEBRING, FL 33876				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, ROXSAN		NAME		
STREET ADDRESS	6705 ASHTON DR		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBB, DALLEY		NAME	<i>Wagner, Jack</i>	
STREET ADDRESS	3607 OAK RIDGE DRIVE		STREET ADDRESS	<i>3607 Oak Ridge Dr</i>	
CITY-ST-ZIP	SEBRING, FL		CITY-ST-ZIP	<i>Sebring, FL 33876</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, AL		NAME		
STREET ADDRESS	3012 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANBENNEKOM, DICK		NAME		
STREET ADDRESS	6724 ASHTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILKINS, JIM		NAME	<i>Heskell, Peggy</i>	
STREET ADDRESS	3005 LAKEVIEW DR		STREET ADDRESS	<i>6600 Ashton Dr.</i>	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	<i>Sebring, FL 33876</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, WILLIAM		NAME		
STREET ADDRESS	3024 LAKEVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
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: <i>Roxsan Jackson</i>			<i>Roxsan Jackson</i> 1-24-05 863-381-1968		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					