

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764563**

1. Entity Name  
**SEBRING PARK PROPERTY OWNERS, INC.**



Principal Place of Business

**SEBRING PARK ASSOC  
6705 ASHTON DRIVE  
SEBRING, FL 33876 US**

Mailing Address

**P. O. BOX 58  
LORIDA, FL 33857 US**



01272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2893468**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VAN BENNEKOM, DICK  
6724 ASHTON DR  
SEBRING, FL 33876**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000831398  
02/27/08-80016-023 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	TS
NAME	JACKSON, ROXSAN
STREET ADDRESS	6705 ASHTON DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	PORTOR, JEANNIE
STREET ADDRESS	3000 COURTNEY LN DR
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	D
NAME	METEALF, JIM
STREET ADDRESS	6735 ASHTON DR
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	P
NAME	VANBENNEKOM, DICK
STREET ADDRESS	6724 ASHTON DRIVE
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	VP
NAME	HESKELL, PEGGY
STREET ADDRESS	6600 ASHTON DR.
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Roxsan Jackson* **Roxsan Jackson** 2-2-08 863-381-1968