2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90059 047 ****61.25

DOCUMENT # N02000005568

1. Entity Name
NEW ASSOCIATION OF PROPERTY OWNERS AND RESIDENTS OF SUN'N LAKE OF SEBRING, INC.

50009654

Principal Place of Business	Mailing Address
2917 MONZA DR SEBRING, FL 33870	2917 MONZA DR SEBRING, FL 33870

01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0667095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANGE, LARRY
2917 MONZA DR
SEBRING, FL 33872-2010

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 Larry Stange 1/26/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D DST
NAME	BOU, IRIS
STREET ADDRESS	4027 BIANCA
CITY-ST-ZIP	SEBRING, FL 33872 → CUNDIFF
TITLE	DV
NAME	MCHALE, CHARLES → GLEN CUNDIFF
STREET ADDRESS	3801 BARBOSA → 4819 MERCADO DR.
CITY-ST-ZIP	SEBRING, FL → SEBRING FL. 33872
TITLE	D
NAME	GRECKO, JOSEPH
STREET ADDRESS	1988 SAWGRASS TRAIL
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	DP
NAME	STANGE, LAWRENCE
STREET ADDRESS	2917 MONZA DR
CITY-ST-ZIP	SEBRING, FL 33872-2010
TITLE	~~DST~~ D → ALAN NEWMAN
NAME	TROMBLEY, SHERRY
STREET ADDRESS	2517 SUNRISE DR → 5429 COLUMBUS BLVD
CITY-ST-ZIP	SEBRING, FL → SEBRING FL. 33872
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 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: Lawrence A. Stange 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #