

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

08-18-2003 90165 036 ***61.25

N02000005568

03 AUG 21 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005568

1. Entity Name

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



Principal Place of Business

Mailing Address

2917 MONZA DR
SEBRING FL 33872

2917 MONZA DR
SEBRING FL 33872

2. Principal Place of Business

2917 MONZA DR

3. Mailing Address

2917 MONZA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

02-0467095

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: RIVERA, RAMON
STREET ADDRESS: 4025 PEUGEOT ST
CITY-ST-ZIP: SEBRING FL ☒ Delete

TITLE: DV
NAME: ROBERT, LAZARA
STREET ADDRESS: 6457 COLUMBUS BLVD
CITY-ST-ZIP: SEBRING FL ☒ Delete

TITLE: D
NAME: GRECKO, JOSEPH
STREET ADDRESS: 1988 SAWGRASS TRAIL
CITY-ST-ZIP: SEBRING FL ☐ Delete

TITLE: DP
NAME: STANGE, LAWRENCE
STREET ADDRESS: 2917 MONZA DR
CITY-ST-ZIP: SEBRING FL ☐ Delete

TITLE: DST
NAME: TROMBLEY, SHERRY
STREET ADDRESS: 2517 SUNRISE DR
CITY-ST-ZIP: SEBRING FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☒ Change ☐ Addition
NAME: BOU, IRIS
STREET ADDRESS: 4027 BIANCA
CITY-ST-ZIP: SEBRING FL

TITLE: DV ☒ Change ☐ Addition
NAME: MC HALE CHARLES
STREET ADDRESS: 3801 BARBAROSA
CITY-ST-ZIP: SEBRING FL

TITLE: D ☐ Change ☐ Addition
NAME: GRECKO
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

LAURENCE A STANGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE A STANGE

Date

Daytime Phone #

8/13/03 - 491-2524

CR2E037 (4/03)