2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011637

FILED Apr 17, 2006 Secretary of State

Entity Name: SUN 'N LAKE PROFESSIONAL PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

551 S. COMMERCE AVENUE 551 SOUTH COMMERCE AVENUE

SEBRING, FL 33870 SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

551 S. COMMERCE AVENUE 551 SOUTH COMMERCE AVENUE

SEBRING, FL 33870 SEBRING, FL 33870

FEI Number: 20-4701756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABLES, CLIFFORD M III
551 S. COMMERCE AVENUE

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE

SEBRING, FL 33870 US SEBRING, FL 33870 US

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: CLIFFORD M. ABLES, III 04/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DIR
 () Delete
 Title:
 DIR
 (X) Change () Addition

 Name:
 ABLES, CLIFFORD M III
 Name:
 ABLES, CLIFFORD M III

Address: 551 S. COMMERCE AVENUE Address: 551 SOUTH COMMERCE AVENUE

City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870

Title: DIR () Delete Title: DPT (X) Change () Addition

Name: RIVERO, RAFAEL Name: RIVERO, RAFAEL

Address: 551 S. COMMERCE AVENUE Address: 551 SOUTH COMMERCE AVENUE

City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870

Title: DIR () Delete Title: DVPS (X) Change () Addition Name: SEVERINO, ROBERT Name: SEVERINO, ROBERT

Address: 551 S. COMMERCE AVENUE Address: 551 SOUTH COMMERCE AVENUE

City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL RIVERO DP 04/17/2006