

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011637

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

551 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

551 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 20-4701756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABLES, CLIFFORD M III  
551 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: ABLES, CLIFFORD M III  
Address: 551 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: DPT ( ) Delete  
Name: RIVERO, RAFAEL  
Address: 551 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: DVPS ( ) Delete  
Name: SEVERINO, ROBERT  
Address: 551 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLIFFORD M ABLES III

DIR

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date