

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002032

FILED  
Feb 06, 2007  
Secretary of State

**Entity Name:** SOUTHERN OAKS OF SEBRING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

150 NORTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 73  
SEBRING, FL 33871

**New Mailing Address:**

**FEI Number:** 20-8298496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORRELL, DANIEL F  
150 NORTH 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: PD ( ) Delete  
Name: CULLENS, CHARLES S  
Address: P.O. BOX 341  
City-St-Zip: SEBRING, FL 33871

Title: SD ( ) Delete  
Name: MCGHEE, JACK H  
Address: P.O. BOX 7365  
City-St-Zip: SEBRING, FL 33872

Title: TD ( ) Delete  
Name: DORRELL, DANIEL F  
Address: P.O. BOX 73  
City-St-Zip: SEBRING, FL 33871

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

Title: PD (X) Change ( ) Addition  
Name: CULLENS, CHARLES S  
Address: 9235 CR 635  
City-St-Zip: SEBRING, FL 33875

Title: SD (X) Change ( ) Addition  
Name: MCGHEE, JACK H  
Address: 3601 WESTMINSTER ROAD  
City-St-Zip: SEBRING, FL 33875

Title: TD (X) Change ( ) Addition  
Name: DORRELL, DANIEL F  
Address: 2617 ORANGE GROVE DRIVE  
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: CHARLES S CULLENS

PD

02/06/2007

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

\_\_\_\_\_  
Date