2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 23, 2009
Secretary of State

DOCUMENT# N10643

Entity Name: THE BLUFFS OF SEBRING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6750 U. S. HWY 27 NORTH
MANAGEMENT OFFICE
SEBRING, FL 338701262

New Principal Place of Business:

Current Mailing Address:

6750 U. S. HWY 27 NORTH
MANAGEMENT OFFICE
SEBRING, FL 338701262

New Mailing Address:

FEI Number: 59-2596396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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:	V	( ) Delete
Name:	CRUMPTON, NORMAN	
Address:	6750 US 27 N A23	
City-St-Zip:	SEBRING, FL 33870	
Title:	T	( ) Delete
Name:	JAKUBEK, MARGERY	
Address:	6750 US 27 N D-21	
City-St-Zip:	SEBRING, FL 33870	
Title:	S	( ) Delete
Name:	JAKUBEK, MARGERY	
Address:	6750 US 27 N D -21	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	WILSON, SUE	
Address:	6750 US 27 N N-2	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	GOLL, STEPHEN	
Address:	6750 US 27 N O-23	
City-St-Zip:	SEBRING, FL 33870	
Title:	P	( ) Delete
Name:	SCHMITT, BOB	
Address:	6750 US 27 N B-6	
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:	S	(X) Change ( ) Addition
Name:	PANGBURN, THURMAN	
Address:	6750 US 27 N D -21	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	(X) Change ( ) Addition
Name:	KNABEL, KENNETH	
Address:	6750 US 27 N N-2	
City-St-Zip:	SEBRING, FL 33870	
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: BOB SCHMITT P 10/23/2009

Electronic Signature of Signing Officer or Director — Date