## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 23, 2005 8:00 am Secretary of State DOCUMENT # N11568 08-23-2005 90009 028 \*\*\*\*73.75 SEBRING GOLF VIEW HOME OWNERS' ASSOCIATION. Principal Place of Business Mailing Address C/O PAULINE FILER P.O. BOX 7862 C/O PAULINE FILER P.O. BOX 7862 SEBRING FL 33871-0115 SEBRING FL 33871-0115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State Applied For 4. FEI Number 59-2777166 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILER, PAULINE H Street Address (P.O. Box Number is Not Acceptable) 4122 VANTAGE CIR. SEBRING FL 33872 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Resident - Oirector TITLE STILES, LELAND Delete TITLE Addition A 4193 US HWY 27 SOUTH Rodney Elinov NAME. NAME SEBRING FL 33870 STREET ADDRESS STREET ADDRESS 1179 45 27 fouth CITY-ST-7IP CITY-ST-7IP Setting Fl 35270 FILER, PAULINE H Change Addition TITLE ☐ Defete THE 4122 VANTAGE CIR. NAME NAME STREET ADDRESS SEBRING FL 33872 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Ducator THLE Delete ☐ Change Addition MUZZIN, SHEILA TITLE Bill Barrett NAME 1187 U.S. 27-90UTH NAME 11774.5.27 South STREET ADDRESS SEBRING FL-33870-STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP fetring De 3507B STILES, LECAND Change Addition TITLE Delete THILE 1193 US HWY 27 SOUTH NAME NAME SEBRING FL 33870 STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-7/P TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY - ST-ZIP

(au

7/3/05 863-386-4644

Date Daystre Phone 4

**FILED**