

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 PM 2:14

REINSTATEMENT 06



10302006 REIN-NP CR2E099 (11/05)

DOCUMENT # N11568 1. Entity Name SEBRING GOLF VIEW HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O PAULINE FILER P.O. BOX 7862 SEBRING, FL 33871-0115			Mailing Address C/O PAULINE FILER P.O. BOX 7862 SEBRING, FL 33871-0115		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2777166			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FILER, PAULINE H 4122 VANTAGE CIR. SEBRING, FL 33872			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Pauline H. Filer Treasurer PAULINE H. FILER</u> <u>12-5-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>RO-MOR, RODNEY</u> <u>4179 US 27 SOUTH</u> <u>SEBRING, FL 33870</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>amelia Lysinger</u> <u>1195 US 27 S</u> <u>Sebring, FL 33870</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T</u> <u>FILER, PAULINE H</u> <u>4122 VANTAGE CIR.</u> <u>SEBRING, FL 33872</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Paul Allegro</u> <u>1141 Golf Side Dr</u> <u>Sebring, FL 33872</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>BARRETT, BILL</u> <u>1177 US 27 SOUTH</u> <u>SEBRING, FL 33870</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Leland Stiles Director</u> <u>1193 US 27 S.</u> <u>Sebring, FL 33870</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PB</u> <u>HARDNER, JUDIZA</u> <u>185 US 27 SOUTH</u> <u>SEBRING, FL 33870</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>Rodney Clinco</u> <u>1689 US 27 S.</u> <u>Sebring, FL 33870</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800082618128 12/18/06--01051--014 **245.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>PAULINE H. FILER</u> <u>Pauline H. Filer</u> <u>12-8-06</u> <u>862-386-4644</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					