2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED May 04, 2007 8:00 am Secretary of State DOCUMENT # N11568 1. Entity Name 05-04-2007 90074 030 ****61.25 SEBRING GOLF VIEW HOME OWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address C/O PAULINE FILER C/O PAULINE FILER P.O. BOX 7862 SEBRING FL 33871-0115 P.O. BOX 7862 SEBRING FL 33871-0115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2777166 Not Applicable Country Zip Zip 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 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Change ☐ Addition LYSINGER, AMELIA NAM STREET ADDRESS STREET ADDRESS 1195 U.S. 27 SOUTH CITY-ST-7IP SEBRING FL 33870 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME FILER, PAULINE H a Vontage Cucle burg DR 338 STREET ADDRESS 4122 VANTAGE CIR. STREET ADDRESS CITY - ST- 7IP SEBRING FL 33872 CITY-ST-ZIP TITLE Change Addition NAME NAME STILES, LELAND STREET ADDRESS STREET ADORESS 1.193.U.S. 27 SOUTH CITY-SI-ZIP CITY-ST-ZIP SEBRING FL 33870 TALLE TITLE ☐ Chance ☐ Addition NAME NAME ELINOR, RODNEY STREET ADDRESS STREET ADDRESS 1089 U.S. 27 SOUTH CITY - ST - ZIP CITY-ST-ZIP SEBRING FL 33870 TITLE Delete THE Change ☐ Addition NAME ALLYN, PAUL NAME STREET ADDRESS 1141 GOLFSIDE DRIVE STREET ADDRESS CITY-SI-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: PAULINE H.F.LER Pauline H. Filer

4-17-07

P63-386-46 44