2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N11568

Entity Name: SEBRING GOLF VIEW HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAULINE FILER
P.O. BOX 7862
SEBRING, FL 338710115

New Principal Place of Business:

C/O PAULINE FILER
4122 VANTAGE CIR
SEBRING, FL 338720115

Current Mailing Address:

C/O PAULINE FILER
P.O. BOX 7862
SEBRING, FL 338710115

New Mailing Address:

FEI Number: 59-2777166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILER, PAULINE H
4122 VANTAGE CIR.
SEBRING, FL 33872 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:	P	( ) Delete
Name:	LYSINGER, AMELIA	
Address:	1195 U.S. 27 SOUTH	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	FILER, PAULINE H	
Address:	4122 VANTAGE CIR.	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	PACK, TAMMY	
Address:	1185 US 27 S	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	ALLYN, PAUL	
Address:	1141 GOLFSIDE DRIVE	
City-St-Zip:	SEBRING, FL 33872	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ALLYN, PAUL	
Address:	349 HEMLOCK ST	
City-St-Zip:	SEBRING, FL 33870	

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: PAULINE H FILER D 04/02/2009

Electronic Signature of Signing Officer or Director — Date