2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90120 011 ***100.00

DOCUMENT # N11568

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

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
~~C/O BRUCE LYBARGER~~ Pauline H Filer P.O. BOX ~~1102~~ 7862 SEBRING FL ~~33871-6102~~ 33872-0115	~~C/O BRUCE LYBARGER~~ Pauline H Filer P.O. BOX ~~1102~~ 7862 SEBRING FL ~~33871-6102~~ 33872-0115

2. Principal Place of Business	3. Mailing Address
~~Sebring~~ ~~SEBRING GOLF VIEW~~ Suite, Apt. #, etc. HOME OWNERS ASSOC., INC. City & State ~~P.O. BOX 7862~~ SEBRING, FL 33872 Zip / Country	Suite, Apt. #, etc. City & State Zip / Country

4. FEI Number 59-2777166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LYBARGER, BRUCE J.~~ ~~300 N. CIRCLE~~ ~~SEBRING FL 33870~~ Pauline H Filer PO Box 7862 Sebring, Fl 33872-0115	Name: Pauline H. Filer Street Address (P.O. Box Number is Not Acceptable): 4122 Vantage Circle City: Sebring FL Zip Code: 33872

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 PAULINE H. FILER Pauline H Filer 1-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	~~D~~ ~~COX, DAVID~~ ~~1197 US 27 S~~ ~~SEBRING FL 33870~~	☒ Delete	~~P.D.~~ Pauline H. Filer 4122 Vantage Circle Sebring, Fl 33872	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~LYBARGER, BRUCE J.~~ ~~300 N. CIRCLE~~ ~~SEBRING FL~~	☒ Delete	Rodney Elinor PO BOX 1736 11945 27 South Sebring, Fl 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ P. D. STILES, LELAND 1193 US HWY 27 SOUTH SEBRING FL 33870	☐ Delete	~~P.D.~~ Stiles, Leland 1193 U.S. Hwy 27 South Sebring, Fl 33870	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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

SIGNATURE: SIGNATURE REQUIRED Pauline H Filer PAULINE H. FILER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR