

ANNUAL REPORT

DOCUMENT # N25522

1. Entity Name
 LOT 12, BLOCK 278, UNIT 13 HOMEOWNERS'
 ASSOCIATION, INC.



Principal Place of Business

5611 GRANADA BLVD
 SEBRING, FL 33872

Mailing Address

5611 GRANADA BLVD
 SEBRING, FL 33872

Apr 30
 Sec



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREEN, MYRA M.
 5611 GRANADA BLVD
 SEBRING, FL 33872

DO NOT WRITE IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
 Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME GREEN, MYRA M.
 STREET ADDRESS 5611 GRANADA BLVD
 CITY-ST-ZIP SEBRING, FL

TITLE VD
 NAME CASEY, JAMES C
 STREET ADDRESS 5619 GRANADA BLVD
 CITY-ST-ZIP SEBRING, FL

TITLE STD
 NAME FIDLIN, R.
 STREET ADDRESS 5615 GRANADA BLVD
 CITY-ST-ZIP SEBRING, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000746740
 05/16/07-80079-021 61.25

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-07