

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

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



01092008 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 <input type="checkbox"/> \$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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000306872
05/05/08-80015-021 61.25

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREEN, MYRA M. 5611 GRANADA BLVD SEBRING, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASEY, JAMES C 5619 GRANADA BLVD SEBRING, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FIDLIN, R. 5615 GRANADA BLVD SEBRING, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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 #

4-15-08