

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90033 021 \*\*\*\*61.25

**DOCUMENT # N30023**

1. Entity Name

SEBRING VILLAGE MOBILE HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

4343 SCHUMACHER ROAD  
SEBRING FL 33872  
US

Mailing Address

4343 SCHUMACHER ROAD  
LOT 200-E  
SEBRING FL 33872  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2924280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~COLLING, LEE JAY  
682 MAITLAND AVE  
ALTAMONTE SPRINGS FL 32701~~

7. Name and Address of New Registered Agent

Name **COLLING, LEE JAY**

Street Address (P.O. Box Number is Not Acceptable)

**529 VERSAILLES DRIVE, SUITE 103**

City **MAITLAND**

FL

Zip Code **32751**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE **V** ☐ Delete  
NAME **REAGAN, BILL**  
STREET ADDRESS **4343 SCHUMACHER 192-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **P** ☐ Delete  
NAME **D'ALESSANDRIS, WALTER**  
STREET ADDRESS **4343 SHUMACHER 148-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **S** ☐ Delete  
NAME **MCIHQUHAM, JIM**  
STREET ADDRESS **4343 SHCUMACHER 169-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Delete  
NAME **MCGINN, RUPERT**  
STREET ADDRESS **4343 SCHUMACHER 159-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **T** ☒ Delete  
NAME **JACKSON, DAVID**  
STREET ADDRESS **4343 SCHUMACHER RD 122-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Delete  
NAME **RYAN, MARY ANN**  
STREET ADDRESS **4343 SHUMACHER 87-E**  
CITY-ST-ZIP **SEBRING FL 33872**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **LESLIE MASCHUE**  
STREET ADDRESS **4343 SCHUMACHER 146-E**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Change ☒ Addition  
NAME **LEE JENNINGS**  
STREET ADDRESS **4343 SCHUMACHER 33-94-W**  
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **W. D'Alessandri; WALT D'ALESSANDRIS**

**3-07-06 863-386-0045**