

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90063 026 ****61.25

DOCUMENT # N30025

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2924280

Applied For

No: 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

**COLLING, LEE JAY
529 VERSAILLES DR, STE 103
MAITLAND FL 32751**

Name

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

City

FL

Zip Code

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, 2008**

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 **DAVIS, ALAN**
STREET ADDRESS **4343 SCHUMACHER RD 175-W**
CITY- ST- ZIP **SEBRING FL 33872**

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

TITLE **S** ☐ Delete
NAME **MCQUHAM, JIM**
STREET ADDRESS **4343 SHUMACHER 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 **MASCHUE, LESLIE**
STREET ADDRESS **4343 SCHUMACHER 146 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 **D** ☐ Change ☒ Addition
NAME **WALTER MOORE**
STREET ADDRESS **4343 SCHUMACHER RD 117-E**
CITY- ST- ZIP **SEBRING FL. 33872**

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

TITLE ☐ Change ☐ Addition
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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: Walter D'Alessandri **WALTER DALESSANDRI** 2-12-08 883-386-0045