

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2009  
Secretary of State**

DOCUMENT# N30025

Entity Name: SEBRING VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4343 SCHUMACHER ROAD  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

4343 SCHUMACHER ROAD  
LOT 200-E  
SEBRING, FL 33872 US

**New Mailing Address:**

FEI Number: 59-2924280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: DAVIS, ALAN  
Address: 4343 SCHUMACHER RD 175-W  
City-St-Zip: SEBRING, FL 33872

Title: P ( ) Delete  
Name: D'ALESSANDRIS, WALTER  
Address: 4343 SHUMACHER 148-E  
City-St-Zip: SEBRING, FL 33872

Title: S ( ) Delete  
Name: MCIHQHAM, JIM  
Address: 4343 SHCUMACHER 169-E  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: MCGINN, RUPERT  
Address: 4343 SCHUMACHER 159-E  
City-St-Zip: SEBRING, FL 33872

Title: T ( ) Delete  
Name: MASCHUE, LESLIE  
Address: 4343 SCHUMACHER 146 E  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: MOORE, WALTER  
Address: 4343 SCHUMACHER RD 117-E  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: REAGAN, BILL  
Address: 4343 SCHUMACHER RD 192 E  
City-St-Zip: SEBRING, FL 33872

Title: P (X) Change ( ) Addition  
Name: D'ALESSANDRIS, WALTER  
Address: 4343 SHUMACHER 148-E  
City-St-Zip: SEBRING, FL 33872

Title: S (X) Change ( ) Addition  
Name: VACCARO, SAM  
Address: 4343 SHCUMACHER 169-W  
City-St-Zip: SEBRING, FL 33872

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT D'ALESSANDRIS

P

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date