SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT[illegible]BER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN[illegible]ATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMEN[illegible]OF STATE
**Sandra B. Mor[illegible]am**
Secretary of St[illegible]
DIVISION OF CORPO[illegible]ATIONS

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # **N41494** **(8)**

1. Corporation Name

**SEBRING EAST PROPERTY OWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~224 COMMERCIAL COURT~~<br>SEBRING FL 33870<br>US | ~~224 COMMERCIAL COURT~~<br>SEBRING FL 33870<br>US |

3. Date Incorporated or Qualified: 01/03/1991

4. FEI Number: 59-3144831 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 111 Commercial Blvd. | 26 111 Commercial Blvd. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Sebring, Fl 33870 | 28 Sebring, Fl 33870 |
| 24 Zip 33870 / 25 Country Highlands | 29 Zip 33870 / 30 Country Highlands |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

RHOADES, CLIFFORD R. (P
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

**10. Name and Address of New Registered Agent**

81 Name: XXXXXXXXXXXXXXX
82 Street Address (P.O. Box Number is Not Acceptable): XXXXXXXXXXXXXXXXXXXXX
83
84 City: XXXXXXXX FL 85 Zip Code: XXXXX

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | RITTER, DAN | | 1.2 NAME | Carlan, Stan | |
| STREET ADDRESS | 215 COMMERCIAL COURT | | 1.3 STREET ADDRESS | 111 Commercial Blvd. | |
| CITY-ST-ZIP | SEBRING FL | | 1.4 CITY-ST-ZIP | Sebring, Fl 33870 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COPELAND, ROY JR. | | 2.2 NAME | | |
| STREET ADDRESS | 10575 US 98 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, JONATHAN W. | | 3.2 NAME | | |
| STREET ADDRESS | 223 S COMMERCE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VSTD | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOGUE, DALE | | 4.2 NAME | | |
| STREET ADDRESS | 224 COMMERCIAL CT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOLEZAL, GEORGE JR. | | 5.2 NAME | | |
| STREET ADDRESS | 3812 DIVOT ROAD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Stan Carlan — Stan Carlan — 9/11/98 — 941-655-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #