2008 NOT-FOR-PROFIT CORPORATION

Aug 13, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N41494 1. Entity Name 08-13-2008 90002 049 ****61.25 SEBRING EAST PROPERTY OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 111 COMMERCIAL BLVD 11 COMMERCIAL BLVD SEBRING FL 33870 SEBRING FL 33870 3. Mailing Address 222 commerceia place 2. Principal Place of Business - No P.O. Box # 222 commercial pla Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) City & State City & State 4. FEI Number Applied For Sebin seprino 59-3144831 Not Applicable Zip 33876 Country Couritry \$8.75 Additional 5. Certificate of Status Desired USD **N8**~ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dane D. HRADSKY WOLKER RHQADES, CLIFFORD R. (P Street Address (P.O. Box Number is Not Acceptable) 227 NORTH RIDGEWOOD DRIVE SEBRING FL 33870 222 commercial glace Zip C333776 8. The above named entity subphils 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 DIANY & KAROSIUS -WALKER SCETUS / 8/7/38 applicable. (NOTE: Rug-stered Agent signature required when reinstating) SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 3, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 4.4 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Dresident (Z) Delete TILLE ☐ Change Addition CARLAN, STAN NAME NAME STEVEN COPELIONO 111 COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS 110 Commencia PLANC SEBRADZ, DL 33716 SEBRING FL 33870 CITY-ST-7/P CITY ST. 7JP ☐ Delete TITLE TITLE BEUTLES. Addition COPELAND, ROY JR. NAME NAME DIDNE P. HRAMSKY WALKER 10575 US 98 STREET ADDRESS STREET ADDRESS 200 commención provo CITY-ST-ZIP SEBRING FL CBY-ST-ZIP SEBRIAG, FL: 3387 Delete TITLE ☐ Change Addition JONES, JONATHAN W. NAME STREET ADDRESS 223 S COMMERCE STREET ADDRESS SEBRING FL CITY-ST-719 CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 attactiment with an address, with all other like empowered.

SIGNATURE:

863 655-3667

FILED