2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006037

1. Entity Name
SEBRING COMMERCE CENTER OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 STATE RD. 17 SOUTH AVON PARK, FL 33825	1800 STATE RD. 17 SOUTH AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0734642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOHL, JAMES M
1800 STATE RD. 17 SOUTH
AVON PARK, FL 33825

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000088621
03/15/04-80058-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOHL, JAMES M
STREET ADDRESS	1800 STATE RD. 17 SOUTH
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD
NAME	RANCOURT, TAL
STREET ADDRESS	7944 SOUTH GEORGE BLVD.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	STD
NAME	MURDOCK, GAYLE
STREET ADDRESS	1379 NORTH EAST VIOLA RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: _____ 3-8-04 863-382-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES M. WOHL, PRESIDENT