



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 049 ****61.25

DOCUMENT # N99000006037					
1. Entity Name SEBRING COMMERCE CENTER OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1800 STATE RD. 17 SOUTH AVON PARK, FL 33825			Mailing Address 1800 STATE RD. 17 SOUTH AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box # 3200 US Highway 27 South Suite 307 Sebring, Florida 33870		3. Mailing Address 3200 US Highway 27 South Suite 307 Sebring, Florida 33870			
Zip _____ Country USA		Zip _____ Country USA		03122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0734642				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME WOHL, JAMES M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1800 STATE RD. 17 SOUTH	CITY-ST-ZIP AVON PARK, FL 33825		NAME	STREET ADDRESS	
TITLE VD	NAME RANCOURT, TAL	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7944 SOUTH GEORGE BLVD.	CITY-ST-ZIP SEBRING, FL 33872		NAME	STREET ADDRESS	
TITLE STD	NAME MURDOCK, GAYLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1379 NORTH EAST VIOLA RD.	CITY-ST-ZIP AVON PARK, FL 33825		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
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 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 lists empowered.					
SIGNATURE: _____		James M Wohl, March, 2007, (863) 382-3887			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			