

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 010 ****61.25

40070641



DOCUMENT # N99000006037 1. Entity Name SEBRING COMMERCE CENTER OWNER'S ASSOCIATION, INC.					
Principal Place of Business 3200 US HIGHWAY 27 SOUTH SUITE 307 SEBRING, FL 33870			Mailing Address 3200 US HIGHWAY 27 SOUTH SUITE 307 SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box # 3200 US HWY 27 SOUTH Suite, Apt. #, etc. SUITE 201		3. Mailing Address 3200 US HWY 27 SOUTH Suite, Apt. #, etc. SUITE 201			
City & State SEBRING, FL		City & State SEBRING, FL		4. FEI Number 65-0734642	
Zip 33870		Country USA		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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOHL, JAMES M 1800 STATE RD. 17 SOUTH AVON PARK, FL 33825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RANCOURT, TAL 7944 SOUTH GEORGE BLVD. SEBRING, FL 33872	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MURDOCK, GAYLE 1379 NORTH EAST VIOLA RD. AVON PARK, FL 33825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 like empowered.					
SIGNATURE: JAMES M. WOHL					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-14-08 Daytime Phone # 863-382-3887	