

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710400

Entity Name: SEBRING RECREATION CLUB, INC.**Current Principal Place of Business:**333 POMEGRANATE AVENUE
SEBRING, FL 33870**Current Mailing Address:**PO BOX 601
SEBRING, FL 33871 US**FEI Number:** 59-1144396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, SHERRIE L
333 POMEGRANATE AVENUE
P.O.BOX 601
SEBRING, FL 33871 US*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.***SIGNATURE:** SHERRIE L. MARTIN

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARTIN, PHIL
Address 5022 S DAKOTA DRIVE
City-State-Zip: SEBRING FL 33870

Title 1ST VICE.PRESIDENT
Name SHIDLER, BRUCE
Address 3066 LAKE ROAD
City-State-Zip: AVON PARK FL 33825

Title 2ND VICE PRESIDENT
Name MADRIGALE, NICK
Address 2096 N MCCULLOUGH ROAD
City-State-Zip: AVON PARK FL 33825

Title SECRETARY
Name HOLLOWAY-MORTON, JUDY
Address 2024 DOG LEG DRIVE
City-State-Zip: SEBRING FL 33872

Title TREASURER
Name MARTIN, SHERRIE
Address 5022 S DAKOTA DRIVE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name COMEAU, HAROLD
Address 3305 INDIANA AVENUE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name PICKERELL, WALT
Address 6012 N CAROLINA AVENUE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name SHIDLER, LUCINDA
Address 3066 LAKE ROAD
City-State-Zip: AVON PARK FL 33825

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRIE L MARTIN

TREASURER

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRADSTREET, BECKY
Address	467 HICKORY RIDGE DRIVE
City-State-Zip:	SEBRING FL 33870