

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

04-30-2004 90307 049 \*\*\*\*\*61.25  
FILED

04 JUN -4 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66925184



MOORE CR2E037 (11/03)

<b>DOCUMENT # N02000000734</b>			
1. Entity Name <b>SAN SEBASTIAN AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business 18450 ONE MILE ROAD (LYONS) DELRAY BEACH FL 33448		Mailing Address 3103 PHILMONT AVENUE HUNTINGDON VALLEY PA 19006	
2. Principal Place of Business 11602 Mizner Club Drive Suite, Apt. #, etc.		3. Mailing Address c/o Campbell Property Management 1215 E Hillsboro Blvd City & State	
City & State Delray Beach FL 33446 Zip 33446		City & State Deerfield Beach FL 33441 Zip 33441	
Country Palm Beach		Country Broward	
4. FEI Number/ 20-0620261		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Campbell Property Management 1215 E Hillsboro Blvd Deerfield Beach, FL 33441	
6. 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: <u>Brian Tight Manager</u> <i>Property</i> <u>4/29/2004</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing.) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By: May 13, 2004		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	PO DONNELLY, MICHAEL 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PEASE, JOSEPH 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, JEFFREY 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <u>(Joe Pease)</u>		4-27-04 561638 4030 Date Daytime Phone #	