


**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90028 050 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N02000000734</b> 1. Entity Name <b>SAN SEBASTIAN AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.</b>				
Principal Place of Business <b>16102 MIZNER CLUB DRIVE          DELRAY BEACH, FL 33446</b>		Mailing Address <b>C/O CAMPBELL PROPERTY MANAGEMENT          1215 E HILLSBORO BLVD          DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Zip	Country	4. FEI Number <b>20-0620261</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>CAMPBELL PROPERTY MNGT          1215 E HILLSBORO BLVD          DEERFIELD BEACH, FL 33441</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>NEIL, BAKER</b> STREET ADDRESS <b>16102 MIZNER CLUB DR</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>MICHAELS, STEVEN</b> STREET ADDRESS <b>16102 MIZNER CLUB DR</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>HEYDT, STEVEN</b> STREET ADDRESS <b>16102 MIZNER CLUB DR</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>GERMAIN, ANDREA</b> STREET ADDRESS <b>16102 MIZNER CLUB DR</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>ROBINSON, T</b> STREET ADDRESS <b>16102 MIZNER CLUB DR.</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Tres Allen Pearlman</b> STREET ADDRESS <b>16102 Mizner Club Dr</b> CITY-ST-ZIP <b>DeLray Beach FL 33446</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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.				
<b>SIGNATURE: Neil Baker - Pres</b>		<b>TAN BAKER</b> <span style="float: right;"><b>5613810836</b></span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		