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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28737 (7)

1. Corporation Name
SAN SEBASTIAN HARBOR HOMEOWNER'S ASSOCIATION, IN C.



Principal Place of Business 130 SINGAPORE RD. PUNTA GORDA FL 33950	Mailing Address 130 SINGAPORE RD. PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified
10/06/1988

4. FEI Number
65-0121116

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**ANDRE E. ALLAIN
224 RIVIERA CT.
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81. Name **DONALD E. VOIGT**

82. Street Address (P.O. Box Number Is Not Acceptable)
310 Singapore Rd

83. City **Punta Gorda FL**

84. Zip Code **33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald E Voigt* **DONALD E VOIGT** Treasurer **1-30-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JACKSON RUTH	
STREET ADDRESS	3805 BONNEGAT DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	MODERATOR	<input type="checkbox"/> DELETE
NAME	MODERATOR	
STREET ADDRESS	3805 BONNEGAT DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROUTHIER MAURICE	
STREET ADDRESS	237 RIVIERA CT.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLAN MOY	
STREET ADDRESS	224 RIVIERA COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANNIE ARNOLD	
STREET ADDRESS	230 RIVIERA COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONALD E VOIGT	
1.3 STREET ADDRESS	310 Singapore Rd.	
1.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
2.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine Austin	
2.3 STREET ADDRESS	3819 Bonnegat Dr.	
2.4 CITY-ST-ZIP	Punta Gorda FL 33950	
3.1 TITLE	V. Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Howard Knight	
3.3 STREET ADDRESS	226 Riviera Ct.	
3.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald E Voigt* **DONALD E VOIGT** Treasurer **1-30-98**

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR DATE

CR2E037 (10/97)