


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90279 024 \*\*\*\*61.25

<b>DOCUMENT # N28737</b> 1. Entity Name <b>SAN SEBASTIAN HARBOR HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>130 SINGAPORE RD. PUNTA GORDA FL 33950</b>		Mailing Address <b>130 SINGAPORE RD. PUNTA GORDA FL 33950</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SLATON, TIMOTHY P 302 SINGAPORE RD PUNTA GORDA FL 33950</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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>PD</b> NAME <b>RICHARDSON, ROBERT</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>316 SINGAPORE RD.</b> CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>PHILLIP SMITH</b> STREET ADDRESS <b>218 RIVIERA CT</b> CITY-ST-ZIP <b>PUNTA GORDA, FL 33950</b>	TITLE <b>VPD</b> <input checked="" type="checkbox"/> Delete NAME <b>KOHLER, CAROL</b> STREET ADDRESS <b>201 RIVIERA CT.</b> CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	TITLE <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ROLL, DWIGHT</b> STREET ADDRESS <b>3814 BARNEGAT DR</b> CITY-ST-ZIP <b>PUNTA GORDA, FL 33950</b>
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>SLATON, TIMOTHY P</b> STREET ADDRESS <b>302 SINGAPORE RD</b> CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>FAIRLEY, DEBBIE</b> STREET ADDRESS <b>3801 BARNEGAT DR</b> CITY-ST-ZIP <b>PUNTA GORDA, FL 33950</b>	TITLE <input type="checkbox"/> Delete NAME <b>LAWRENCE, RICHARD</b> STREET ADDRESS <b>3806 BARNEGAT DR</b> CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete NAME <b>ROLL, DWIGHT</b> STREET ADDRESS <b>3814 BARNEGAT DR.</b> CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	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



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0121116** Applied For   
Not Applicable

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

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:** Timothy P Slaton 4-10-05 941-833-3379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #