

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737975 (3)
1. Corporation Name
SEBASTIAN PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 780263 P.O. BOX 780263
SEBASTIAN FL 32978 SEBASTIAN FL 32978

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1977		3a. Date of Last Report 08/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0050262		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STRICKLER, ELIZABETH 113 FRIAR COURT SEBASTIAN FL 32958				10. Name and Address of New Registered Agent 81 Name ROBERT J. PLISKA SR. 82 Street Address (P.O. Box Number is Not Acceptable) 1590 DEWITT LA. 83 SEBASTIAN FL. 84 City 85 Zip Code FL 32958			
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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 provisions of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BARNES, WALTER 402 AZINE TERRACE SEBASTIAN FL	1.1 TITLE	PD HARRY THOMAS 654 BALBOA ST SEBASTIAN FL.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TARACKA, RICHARD 1320 COVERBROOK LANE SEBASTIAN FL	2.1 TITLE	VD SAL NEZLA 461 GESSIA BLVD SEBASTIAN FL.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T STRICKLER, ELIZABETH 113 FRIAR COURT SEBASTIAN FL	3.1 TITLE	T ROBERT J. PLISKA SR. 1590 DEWITT LA SEBASTIAN FL.
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S WELLS, JOAN 955 RIVIERA AVE SEBASTIAN FL	4.1 TITLE	S NANCY CUTRIFO 112 FRIA ST. SEBASTIAN FL.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 - 407-587-7799
Date Daytime Phone

CR2E037 (3/96)