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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737975

1. Corporation Name

SEBASTIAN PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 780263
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 780263
SEBASTIAN FL 32978



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/02/1977

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 ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLISKA SR., ROBERT J.
1590 DEWITT LA.
SEBASTIAN FL 32958

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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
NAME THOMAS, HARRY
STREET ADDRESS 654 BALBOA STREET
CITY-ST-ZIP SEBASTIAN FL ☒ DELETE

1.1 TITLE PD
1.2 NAME SAL, NEGLIA.
1.3 STREET ADDRESS 461 GEORGIA BLVD
1.4 CITY-ST-ZIP SEBASTIAN FL ☒ Change ☐ Addition

TITLE VD
NAME MEGLIA, SAL
STREET ADDRESS 461 GEORGIA BLVD
CITY-ST-ZIP SEBASTIAN FL ☒ DELETE

2.1 TITLE VD.
2.2 NAME HARRY THOMAS.
2.3 STREET ADDRESS 654 BALBOA STREET
2.4 CITY-ST-ZIP SEBASTIAN FL ☒ Change ☐ Addition

TITLE T
NAME PLISKASR, ROBERT J.
STREET ADDRESS 1590 DEWITT LA
CITY-ST-ZIP SEBASTIAN FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME PALUMBO, ELAINE
STREET ADDRESS 480 QUARY LANE
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Daytime Phone #

CR2E037 (11/98)