

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90104 012 ****61.25

DOCUMENT # 737975

1. Entity 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0050262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NECILIA, SAL
STREET ADDRESS 461 GEORGIA BLVD.
CITY-ST-ZIP SEBASTIAN FL

TITLE VD ☒ Delete
NAME ELSEBOOG, BYRON H
STREET ADDRESS 1129 PERSIAN LN.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE T ☐ Delete
NAME PLISKA, ROBERT J
STREET ADDRESS 1590 DEWITT LA
CITY-ST-ZIP SEBASTIAN FL

TITLE S ☒ Delete
NAME CARTER, PAM
STREET ADDRESS 1511 ADDIE ST.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SAME** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **COY, Andrea B.**
STREET ADDRESS **333 Pineapple Street**
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **--SAME** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Scurlock, Mary A.**
STREET ADDRESS **658 Oleander St.**
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #