

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90184 048 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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, 2007**

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	<input checked="" type="checkbox"/> Delete
NAME	PATERNOSTER, NANCY	
STREET ADDRESS	430 PERCH L	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, MARLENE A	
STREET ADDRESS	181 DICKENS AVE	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLISKA, ROBERT J	
STREET ADDRESS	1590 DEWITT LA	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEURLOCK, MARY A	
STREET ADDRESS	658 OLEANDER ST.	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETSY FIELD CONNELLY	
STREET ADDRESS	149 KILDARE DR	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD SEURLOCK	
STREET ADDRESS	8325 93 AVE	
CITY - ST - ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/9/07

772-589-7799

Date

Daytime Phone #