

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90024 019 ****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**

00004306



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **NEUBERGER, CHUCK**
STREET ADDRESS **357 MELROSE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **SAL NEGLIA**
STREET ADDRESS **461 GEORGIA BLVD**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **NEGLIA, SAL**
STREET ADDRESS **461 GEORGIA BLVD**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **V-A** ☐ Change ☒ Addition
NAME **Byron ELSEBOUGH**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **OLSON, GRACE**
STREET ADDRESS **643 WINBROW DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **S** ☒ Change ☒ Addition
NAME **PAM CARTER**
STREET ADDRESS **1511 ADDIE ST**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

01/06/2003 . 772-589-7799

CR2E037 (10/02)