2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 8:00 am **Secretary of State DOCUMENT #749046** 01-18-2007 90101 036 ****61.25 SEBASTIAN OAKS ASSOCIATION, INC. Principal Place of Business Mailing Address 1327 NORTH CENTRAL AVE 1327 NORTH CENTRAL AVE SEBASTAIN, FL 32958 SEBASTAIN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 59-1795861 City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN DE VOORDE, RENE G. Street Address (P.O. Box Number is Not Acceptable) 1327 N CENTRAL AVENUE SEBASTIAN, FL 32958 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed hame of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **Addition** VANDEVOORDE, RENE VANDEVOORDE, RENE NAME 12490 Roseland Rd. 12450 ROSELAND ROAD STREET ADDRESS STREET ADDRESS Sebastian Fl 32958 CITY-ST-78P SEBASTIAN, FL 00000, CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change LONG STEVEN 1317 N. Central Ave DONINI, ANTHONY NAME NAME **506 CROSS CREEK CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTAIN, FL CITY-ST-ZIP Sebastian Fl 32958 ☐ Delete TITLE ☐ Change **X** Addition PREUSS, ADAM NAME NAME 12385 Roseland Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sebastian F1 32958 ☐ Change Addition ☐ Delete TITLE LEGUE, WILLIAM NAME NAME 1321 N. Central Ave STREET ADDRESS STREET ADDRESS

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

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