DOCUMENT # 750988

1. Entity Name

SEBASTIAN AREA CIVIC ASSOCIATION, INC.

	S
7990 129 PLACE ROSELAND FL 32957 US	

Mailing Address

P.O. BOX 82 ROSELAND FL 32957

US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
01. 00.	

DO NOT WRITE IN THIS SPACE

City & State		City & State		,	4. FEI Number 59-2128978	Applied For Not Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6.	Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered	Agent	

WILLHOFF, PATSY 7990 129 PLACE **ROSELAND FL 32957**

Name) 	—	بأحملان	- 10 × 2 .	2	- ನೀಡಿದ ಆಧಿಸಿ	 م يا ريد	 .
Street	Address (P.O.	Box Number	is Not	Acceptab	le)			
								

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing

		,	•	*		•••	•	•		
_	_				-	_	_		 	

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

City

ike	Check	Payable	t

Zip Code

(9/01)

Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CROWE, ELSIE NAME NAME STREET ADDRESS 1242 CLEARMONT ST STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLHOFF, RICHARD NAME NAME STREET ADDRESS 7990 129TH PL STREET ADDRESS CITY-ST-7IP **ROSELAND FL 32957** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME WILLHOFF, PATSY NAME STREET ADDRESS 7990 129 PLACE STREET ADDRESS CITY-ST-ZIP ROSELAND FL CITY-ST-ZIP ۷P Delete TITLE Change ☐ Addition MOORE, JACKIE ME Markers James NAME STREET ADDRESS 13085 BAY ST STREET ADDRESS CITY-ST-ZIP Some fact Bay FL 32976 ROSELAND FL 32957 CITY-ST-ZIP TITLE TITLE Marc Jackse ☐ Addition **BUTLER, DORIS** NAME 3085-BAY St. STREET ADDRESS 8349 ANERISH DRIVE STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32976 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MONTANA, ROBERT

109 MABRY STREET

SEBASTIAN FL 32958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Addition