## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#750988**

FILED Apr 18, 2004 Secretary of State

Entity Name: SEBASTIAN AREA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Busines	New Principal Place of Business:		
7990 129 P ROSELANI	LACE D, FL 32957	US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
P.O. BOX 8	22					
	D, FL 32957	US				
FEI Number:	59-2128978	FEI Number Applied For (	FEI Number Not Applicable ( ) Certifica	te of Status Desired ( )		
Name and	Address of	Current Registered Age	: Name and Address of New Reg	istered Agent:		
WILLHOFF	. PATSY					
7990 129 P		US				
The above in the State		submits this statement fo	he purpose of changing its registered office or re	egistered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registere	Agent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( CROWE, ELS 1242 CLEARN SEBASTIAN, F	MONT ST	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition		
Title: Name: Address: City-St-Zip:	P ( WILLHOFF, R 7990 129TH F ROSELAND, F	PL	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition		
Title: Name: Address: City-St-Zip:	T ( WILLHOFF, P 7990 129 PLA ROSELAND, F	CE	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition		
Title: Name: Address: City-St-Zip:	S ( MOORE, JACI 13085 BAY ST ROSELAND, F	Γ	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition		
Title: Name: Address: City-St-Zip:	JAMES, MANE 1044 WARBLI		Title: VD (X) Change ( Name: MCMANUS, JAMES Address: 1044 WARBLER CT City-St-Zip: BAREFOOT BAY, FL 329	,		
Title: Name: Address: City-St-Zip:	D ( MONTANA, RO 109 MABRY S SEBASTIAN, F	TREET	Title: D (X) Change ( Name: CROSS, ESTER Address: 9895 61ST PARKWAY City-St-Zip: SEBASTIAN, FL 32958	) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY WILLHOFF T 04/18/2004