

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90121 004 \*\*\*\*61.25

**DOCUMENT # N02000000734**

1. Entity Name

**SAN SEBASTIAN AT MIZNER COUNTRY CLUB  
NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

**16102 MIZNER CLUB DRIVE  
DELRAY BEACH FL 33446**

Mailing Address

**C/O CAMPBELL PROPERTY MANAGEMENT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**20-0620261**

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

**CAMPBELL PROPERTY MNGT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441**

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, 2006**

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 ☐ Delete  
NAME DONNELLY, MICHAEL  
STREET ADDRESS 5300 WEST ATLANTIC AVENUE #300  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VTD ☒ Delete  
NAME PEASE, JOSEPH  
STREET ADDRESS 5300 WEST ATLANTIC AVENUE #300  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE SD ☒ Delete  
NAME ALEXANDER, JEFFREY  
STREET ADDRESS 5300 WEST ATLANTIC AVENUE #300  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VTD Lawrence Buck ☐ Change ☒ Addition  
NAME 5300 W Atlantic Ave #300  
STREET ADDRESS Delray Beach FL 33484  
CITY-ST-ZIP

TITLE SD Shannon Ludlow ☐ Change ☒ Addition  
NAME 5300 W Atlantic Ave #300  
STREET ADDRESS Delray Beach FL 33484  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 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:

*R N*

3-14-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #