## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000734

Name:

Address:

City-St-Zip:

GERMAIN, ANDREA

16102 MIZNER CLUB DR

DELRAY BEACH, FL 33446

Jan 13, 2009 Secretary of State

Entity Name: SAN SEBASTIAN AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16102 MIZNER CLUB DRIVE DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** C/O CAMPBELL PROPERTY MANAGEMENT C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD 16102 MIZNER CLUB DR DEERFIELD BEACH, FL 33441 DELRAY BEACH, FL 33446 FEI Number: 20-0620261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL PROPERTY MNGT CAMPBELL PROPERTY MNGT 1215 E HILLSBORO BLVD 16102 MIZNER CLUB DR US DEERFIELD BEACH, FL 33441 US DELRAY BEACH, FL 33446 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: NEIL BAKER 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NEIL, BAKER Name: Name: 16102 MIZNER CLUB DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: () Delete Title: () Change () Addition MICHAELS, STEVEN Name: Name: Address: 16102 MIZNER CLUB DR Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: () Delete Title: () Change () Addition HEYDT, STEVEN Name: Name: 16102 MIZNER CLUB DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title:

Title: () Delete Title: (X) Change ( ) Addition PEARLMAN, ALLEN PEARLMAN, ALLEN Name: Name: 16102 MIZNER CLUB DR. 16102 MIZNER CLUB DR. Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

LESTCH, STUART

16102 MIZNER CLUB DR

DELRAY BEACH, FL 33446

SIGNATURE: NEIL BAKER P 01/13/2009