2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2004 8:00 am Secretary of State

1.582 W HIBSOLD BLVD NELBOURNE, FL 32901 S66426156 MELBOURNE, FL 32901 MELBOUR	DOCUMENT # N03000010974 1. Entity Name SEBASTIAN CROSSINGS HOMEOWNERS ASSOCIATION, INC.							05-03-20	04 91210	046 **	****61.25
Suite, Apt. #, etc. Suite, Apt. #, etc. Q4282004 Chg.NP CR2E37 (10/03)	1682 W HIBISCUS BLVD . 1682 W HIBISCUS BLVD										
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B. Name and Address of Current Registered Agent CVANS. P. MICHAEL 1682 W HIBISCUS BLVD B. 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 femilier with, and accept the obligations of registered agent. City FL Zip Code B. 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 femilier with, and accept the obligations of registered agent. Signant Total B. 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 femilier with, and accept the obligations of registered agent. Signant Total Signant Total Description Campaign Financing Trust Fund Contribution. This parks total to retent or many and impressed agent and self-accept agent. Purpose by May 1, 2004 This parks total to retent or many and impressed agent and self-accept agent. Purpose by May 1, 2004 This parks total to retent or many and impressed agent and self-accept agent. Purpose by May 1, 2004 This parks total to retent or many and accept in the purpose of changing its registered agent. or both, in the State of Florida. I am femilier with, and accept in the purpose of impressed agent and self-accept agent. Purpose by May 1, 2004 This parks to research agent agent and self-accept agent	City & State		Ci	City & State			4. FEI Number 20-05	52364	+ 9		
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EVANS, P. MICHAEL 1682 W HIBISCUS BLVD MELBOURNE, FL 32901 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. We SIGNATORE STORMANDER The purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. We SIGNATORE The purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. We SIGNATORE The purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. We SIGNATORE The purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. We SIGNATORE The purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. Purpose of changing its registered agent or both, in the State of Fordia. I am familiar with, and accept the obligations of the state of the state of Fordia. I am familiar with, and accept the obligations of the state of Fordia Department of State The purpose of State state of Fordia Department of State The purpose of Fordia Department of Change o		6. Name and Address	of Current Register	ed Agent	[7. Name and Add	ress of New Ro	egistered Age	ent	
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