

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91210 046 ****61.25

DOCUMENT # N03000010974 1. Entity Name SEBASTIAN CROSSINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1682 W HIBISCUS BLVD MELBOURNE, FL 32901			Mailing Address 1682 W HIBISCUS BLVD MELBOURNE, FL 32901		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0523649	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EVANS, P. MICHAEL 1682 W HIBISCUS BLVD MELBOURNE, FL 32901					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete EVANS, P. MICHAEL 1682 W HIBISCUS BLVD MELBOURNE, FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CHASIN, ROBERT C 1682 W HIBISCUS BLVD MELBOURNE, FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JELUS, TIMOTHY C 1682 W HIBISCUS BLVD MELBOURNE, FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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.					
SIGNATURE: <u>P. MICHAEL EVANS</u> 4/29/04 321 953-3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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