## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED** Mar 17, 2008 8:00 am **Secretary of State**

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changed, or on an attachment with an address, with all other-like empower

SIGNATURE AND TH

SIGNATURÉ:

DOCUMENT # N03000010974 1. Entity Name SEBÁSTIAN CROSSINGS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40047153 SEBASTIAN CROSSING BLVD 1900 S HARBOR CITY BLVD SEBASTIAN, FL 32958 STE 227 MELBOURNE, FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-0523649 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent troperaties VISTA PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1900 S HARBOR CITY BLVD STE 227 MELBOURNE, FL 32901 8. The above named entity submits this selected 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 stared Agent signature required when reinstating) Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE tresident Addition TITLE Keith Berger 4520 Dixle Hwy NE DURRANT, MILLE NAME NAME STREET ADDRESS 4520 DIXIE HWY NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP talm Bau TITLE CEO ☐ Change Addition Delete TITLE JACKSON, TRUDY NAME NAME STREET ADDRESS 4520 DIXIE HWY NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

OF SIGNING OFFICER OR DIRECTOR