


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

08-15-2006 90005 014 ****61.25

DOCUMENT # N05000002164			
1. Entity Name SEBASTIAN LAKEVIEW EATATES PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 1069 MAIN ST SEBASTIAN, FL 32958		Mailing Address 1069 MAIN ST SEBASTIAN, FL 32958	
2. Principal Place of Business		3. Mailing Address <i>1786 W. Livingston Pkwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 300</i>	
City & State		City & State <i>Glen Mills</i>	
Zip	Country	Zip <i>PA 19342</i>	Country
6. Name and Address of Current Registered Agent SPENCER, DANIEL 1069 MAIN ST SEBASTIAN, FL 32958		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reselecting)</small>			
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TROPEA, FRED P.O. BOX 448 GLEN MILLS, PA 19342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Fred Tropea</i>		Date: <i>7/20/06</i> Daytime Phone #: <i>610-358-4935</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

