

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2007  
Secretary of State**

DOCUMENT# N05000002164

**Entity Name:** SEBASTIAN LAKEVIEW EATATES PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1069 MAIN ST  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

1786 WILMINGTON PIKE  
STE 304  
GLEN MILLS, PA 19342

**New Mailing Address:**

**FEI Number:** 20-5445912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPENCER, DANIEL  
1069 MAIN ST  
SEBASTIAN, FL 32958      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: TROPEA, FRED  
Address: P.O.BOX 448  
City-St-Zip: GLEN MILLS, PA 19342

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OFF      ( ) Change (X) Addition  
Name: RUGGIERO, JOSEPH J  
Address: P.O. BOX 448  
City-St-Zip: GLEN MILLS, PA 19342

Title: OFF      ( ) Change (X) Addition  
Name: IPPOLITO, JOSEPH  
Address: P.O. BOX 448  
City-St-Zip: GLEN MILLS, PA 19342 PA

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

SIGNATURE: FRED TROPEA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

02/16/2007

\_\_\_\_\_  
Date