

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-20-2007 90081 046 ****61.25

DOCUMENT # N06000002959					
1. Entity Name BRIDGETOWN SEBASTIAN PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8961 SE BRIDGE RD HOBE SOUND, FL 33455			Mailing Address 8961 SE BRIDGE RD HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8998091	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELFORD, ANDREW 8961 SE BRIDGE RD HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BELFORD, ANDY 8961 SE BRIDGE RD HOBE SOUND, FL 33455	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCNAMARA, J PAUL 8961 SE BRIDGE RD HOBE SOUND, FL 33455	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MODICA, CHARLES R 8961 SE BRIDGE RD HOBE SOUND, FL 33455	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELFORD, ANDY 8961 SE BRIDGE RD HOBE SOUND, FL 33455	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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>April 13, 2007</i>					

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FL

Zip Code

772-389-6142