## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000008229

FILED Dec 16, 2007 Secretary of State

Entity Name: SEBASTIAN VILLAGE CONDOMINIUM RESORT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1623 INDIAN RIVER DR SEBASTIAN, FL 32958

**Current Mailing Address: New Mailing Address:** 

1623 INDIAN RIVER DR 5505 N. ATLANTIC AVENUE SEBASTIAN, FL 32958 SUITE 207 COCOA BEACH, FL 32931

FEI Number: 20-8134860 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KREYER, NORBERT 14 NE 4TH ST STE 110 FT LAUDERDALE, FL 33301 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPD () Delete (X) Change ( ) Addition KREYER, NORBERT MORELLO, ROSARIO Name: Name: 16 NE 4TH ST STE 110 Address: 861 NW 75TH TERRACE Address: City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: PLANTATION, FL 33317

(X) Change ( ) Addition Title: SD () Delete Title: Name: KIERSCH, BARBARA Name: GRIFFEN, NANCY S Address: 1623 INDIAN RIVER DR Address: 6325 FIRST STREET. #115

City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: KEY WEST, FL 33040

Title: () Delete Title: (X) Change ( ) Addition

ADAMS, NORMAN EULENFELD, LARRY Name: Name: 1623 INDIAN RIVER DR Address: Address: P.O. BOX 650121 City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: VERO BEACH, FL 32965

I hereby certify that the information supplied with this filing does not qualify 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: ROSARIO MORELLO Ρ 12/16/2007