

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008229

FILED
Apr 15, 2009
Secretary of State

Entity Name: SEBASTIAN VILLAGE CONDOMINIUM RESORT ASSOCIATION, INC.

Current Principal Place of Business:

1623 INDIAN RIVER DR
SEBASTIAN, FL 32958

New Principal Place of Business:

1623 INDIAN RIVER DR
SEBASTIAN, FL 32958 US

Current Mailing Address:

5505 N. ATLANTIC AVENUE
SUITE 207
COCOA BEACH, FL 32931

New Mailing Address:

5505 N. ATLANTIC AVENUE
SUITE 207
COCOA BEACH, FL 32931 US

FEI Number: 20-8134860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E ESQ.
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 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: P () Delete
Name: MORELLO, ROSARIO
Address: 861 NW 75TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: GRIFFEN, NANCY S
Address: 6325 FIRST STREET, #115
City-St-Zip: KEY WEST, FL 33040

Title: ST () Delete
Name: EULENFELD, LARRY
Address: P.O. BOX 650121
City-St-Zip: VERO BEACH, FL 32965

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, NORM
Address: 675 PONCE DE LEON DRIVE, STE 400A
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: VPD (X) Change () Addition
Name: LOGUE, DOUGLAS
Address: P.O. BOX 4292
City-St-Zip: BOCA RATON, FL 33429 US

Title: STD (X) Change () Addition
Name: D'ANDREA, PATTIE
Address: 680 COVENTRY STREET
City-St-Zip: BOCA RATON, FL 33487 US

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: NORM ADAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date