2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N0700000536 1. Entity Name SEBASTIAN CROSSINGS COMMERCIAL OWNERS' ASSOCIATION, INC.			04-28-2008 90326 008 ****70.00	
Principal Plac 500 SOUTH I LAKELAND, F	FLORIDA AVE., STE. 700	Mailing Address 500 SOUTH FLORIDA AVE LAKELAND, FL 33801	E., STE. 700	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>-</u>	01182008 Chg-NP CR2E037 (12/06)
City & State	е	City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
LINIZ MATE	LIANAT ID		Name	
LINK, WILLIAM T. JR. 500 SOUTH FLORIDA AVE., STE. 800 LAKELAND, FL 33801		Street Addres	ss (P.O. Box Number is Not Acceptable)	
	•			
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signature requ	
		``	registered Agent agnistrie requ	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees ### Added to Fees #### Added to Fees
10.		9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Make check payable to
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	9. Election Camp Trust Fund Cor RECTORS	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY ST. 719	\$5.00 May Be Added to Fees Florida Department of State 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Change Addition Im D Lee 500 S Florida Ave Suite 700
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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 our ar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin D. E Falk

4/28/08

863.647.1581