

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000536

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** SEBASTIAN CROSSINGS COMMERCIAL OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVE., STE. 700  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVE., STE. 700  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-8418288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LINK, WILLIAM T. JR.  
500 SOUTH FLORIDA AVE., STE. 800  
LAKELAND, FL 33801 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: VP  
Name: FALK, BENJAMIN D  
Address: 500 SOUTH FLORIDA AVE., STE. 700  
City-St-Zip: LAKELAND, FL 33801

Title: P  
Name: DROST, WILLIAM D.  
Address: 500 SOUTH FLORIDA AVE., STE. 700  
City-St-Zip: LAKELAND, FL 33801

Title: S  
Name: EBDROP, BRIDGET  
Address: 500 SOUTH FLORIDA AVE., STE. 700  
City-St-Zip: LAKELAND, FL 33801

Title: AT  
Name: KELLEY, KIM S  
Address: 500 S FLORIDA AVE, SUITE 700  
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: KIM S KELLEY

AT

04/27/2011

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

\_\_\_\_\_  
Date