

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90300 048 \*\*\*\*61.25

**DOCUMENT # N13181**



1. Entity Name  
**SEBASTIAN HARBOR VILLAS CONDOMINIUM OWNER'S  
ASSOCIATION, INC.**

Principal Place of Business  
**975 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**533 N NOVA ROAD  
SUITE 211  
ORMOND BEACH, FL 32174**

**50011677**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2768918**

Applied For  
☐ Not Applicable

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

**BARKER, PATRICIA A  
533 N NOVA ROAD  
SUITE 211  
ORMOND BEACH, FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE PD ☐ Delete  
NAME PACETTI, CHARLES  
STREET ADDRESS PO BOX 618  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32085

TITLE VP ☐ Delete  
NAME MOTES, GLO  
STREET ADDRESS 907 S. PONCE DELEON BLVD.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE TD ☐ Delete  
NAME TIFT, T.W. JR.  
STREET ADDRESS 3401 NORMAN BERRY DR.  
CITY-ST-ZIP EAST POINT, GA 30344

TITLE D ☐ Delete  
NAME WORTH, JANE  
STREET ADDRESS 915 S. PONCE DE LEON BLVD.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE S ☒ Delete  
NAME BUSBEE, SUZANNE  
STREET ADDRESS 105 CARCABA RD.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Gary Miller  
STREET ADDRESS 945 S. Ponce De Leon Blvd.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-06 386.677.3109**

Date

Daytime Phone #