

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13181

FILED
Apr 25, 2008
Secretary of State

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

Current Principal Place of Business:

975 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

533 N NOVA ROAD
SUITE 211
ORMOND BEACH, FL 32174

New Mailing Address:

P. O. BOX 2749
DAYTONA BEACH, FL 32115

FEI Number: 59-2768918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARKER, PATRICIA A
313 SOUTH ATLANTIC AVE.
DAYTONA BEACH, FL 32118 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: _____

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PACETTI, CHARLES
Address: PO BOX 618
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VP () Delete
Name: MOTES, GLO
Address: 907 S. PONCE DELEON BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: TIFT, T.W. JR.
Address: 3401 NORMAN BERRY DR.
City-St-Zip: EAST POINT, GA 30344

Title: ST () Delete
Name: MILLER, GARY
Address: 945 S PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BELANGER, GENE
Address: 4435 COASTAL HIGHWAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: CHUCK PACETTI

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date