2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13181

FILED Feb 01, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

C/O NORTH SHORE MGMT. GROUP 533 N. NOVA RD. #215A ORMOND BEACH, FL 32174

FEI Number: 59-2768918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BELANGER, GENE MR.
Address: 4435 COASTAL HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD Name: MOTES, GLO

Address: 907 S. PONCE DELEON BLVD. City-St-Zip: SAINT AUGUSTINE, FL 32084

Title:

Name: TIFT, T.W. JR.

Address: 3401 NORMAN BERRY DR. City-St-Zip: EAST POINT, GA 30344

Title: VP

Name: MILLER, GARY

Address: 945 S PONCE DE LEON BLVD City-St-Zip: SAINT AUGUSTINE, FL 32084

Title:

Name: PALMER, KAREN MRS.

Address: 194 LATERRA LINKS CIRCLE, #201 City-St-Zip: SAINT AUGUSTINE, FL 32092

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: GENE BELANGER P 02/01/2011