2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# N13181

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:

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

New Mailing Address:

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
313 SOUTH ATLANTIC AVE.
DAYTONA BEACH, FL 32118 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: PD
Name: BELANGER, GENE MR.
Address: 4435 COASTAL HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

Title: ST
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 02/03/2012

Electronic Signature of Signing Officer or Director — Date