2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N17460

Entity Name: SEBASTIAN LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

KEYSTONE PROPERTY MANAGEMENT GROUP INC
2001 9TH AVENUE, #308
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

KEYSTONE PROPERTY MANAGEMENT GROUP INC
2001 9TH AVENUE, #308
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0684969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, WILLIAM F
2001 9TH AVE
SUITE 308
VERO BEACH, FL 32960 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 ( ) Delete
Name: IMBERGAMO, CHARLES
Address: 1401 TRADEWINDS WAY
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete
Name: TROUT, DWIGHT
Address: 1292 SEBASTIAN LAKES DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: S ( ) Delete
Name: SCOFIELD, EVA
Address: 1106 BREZZY WAY #1-C
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: TROUT, DWIGHT
Address: 1292 SEBASTIAN LAKES DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: SD (X) Change ( ) Addition
Name: GAROFALO, FRANK
Address: 1442 TRADEWINDS WAY
City-St-Zip: SEBASTIAN, FL 32958

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: MILDRED IMBERGAMO PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date