


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 040 ****61.25

DOCUMENT # N28737 1. Entity Name SAN SEBASTIAN HARBOR HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 130 SINGAPORE RD. PUNTA GORDA, FL 33950			Mailing Address 130 SINGAPORE RD. PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0121116	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUSSELL, THOMAS A 239 RIVIERA CT PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name <u>Judith Barnes</u> Street Address (P.O. Box Number is Not Acceptable) <u>3925 Barnegat Dr.</u> City <u>Punta Gorda</u> FL Zip Code <u>33950</u>	
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 <u>Judith Barnes</u> <u>Judith Barnes</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 WILLIAMS, NEIL 328 SINGAPORE RD. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROLL, DWIGHT 3814 BARNEGAT DR PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Roseann Messenger 302 Singapore Road Punta Gorda FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, THOMAS A 239 RIVIERA CT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Judith Barnes 3925 Barnegat Dr Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHLER, RICHARD 201 RIVIERA COURT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael Sweeney 215 Riviera Ct. Punta Gorda FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUSTIN, CHRISTINE 3819 BARNEGAT PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Judith Barnes</u> <u>Judith Barnes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date <u>9/4/08</u> Daytime Phone # <u>639 6199</u>