

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42567

FILED
Mar 20, 2009
Secretary of State

Entity Name: SAN SEBASTIAN CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

SAN SEBASTIAN HOMEOWNERS ASSOC
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160572
ALTAMONTE SPRINGS, FL 327160572

New Mailing Address:

FEI Number: 59-3039417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDER, PATRICK
707 CALABRIA AVE
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: HARDER, PATRICK P
Address: 707 CALABRIA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: BAYS, CONNIE M
Address: 513 SEVILLE AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: TURNEY, MARILYN
Address: 668 CORTEZ CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: GILVAN, DAVID
Address: 417 MAJORCA AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: SENUS, BOB
Address: 709 MILAN CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: ALLAIN, JEFFERY
Address: 518 MAJORCA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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: CONNIE M. BAYS

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date