

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004295 (0)**

1. Corporation Name

AWARE CITIZENS AND TAXPAYERS OF SEBASTIAN, INC.



Principal Place of Business

Mailing Address

**1069 MAIN ST.
SEBASTIAN FL 32958**

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SEBASTIAN FL 32958**

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-333 93 86

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LULICH, STEVEN
1069 MAIN ST.
SEBASTIAN FL 32958**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Steven Lulich
Signature, typed or printed name of registered agent and title if applicable.

STEVEN LULICH

(NOTE: Registered Agent signature required when reinstating)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBERBECK, FRANCIS	
STREET ADDRESS	601 LAYPORT DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GENERAZIO, JOSEPH	
STREET ADDRESS	1058 BARBER ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, HARRY	
STREET ADDRESS	654 BALBOA ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREELAND, ROBERT	
STREET ADDRESS	733 WENTWORTH ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLIEN, GREGORY	
STREET ADDRESS	711 WINBROW DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUBERGER, CHARLES	
STREET ADDRESS	357 MELROSE LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NEGLIA, SALVATORE	
13 STREET ADDRESS	461 GEORGIA BLVD.	
14 CITY-ST-ZIP	SEBASTIAN, FL 32958	
21 TITLE	WININGER VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WININGER, FRED	
23 STREET ADDRESS	106 THUNDERBOLT DR.	
24 CITY-ST-ZIP	SEBASTIAN, FL 32958	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MAHONEY, WILLIAM	
53 STREET ADDRESS	207 DELAWARE AVENUE	
54 CITY-ST-ZIP	SEBASTIAN FL 32958	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Freeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FREELAND

4/12/96

**(407)
388-0928**

Date

Daytime Phone #

CR2E037 (12/95)