## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

N96000005118 (2)

## SAN SEBASTIAN WOODS HOMEOWNERS ASSOCIATION, INC.

1	Principal Place	e of Busines	is .	M	Mailing Address					- B ADDRINGS DEG SENIO BENNI DONNE CONTROLOGIA BENNI DENER DINOL SICON NODEL			
6949 W. NASA BLVD. MELBOURNE FL 32902					P.O. BOX 40 MELBOURNE FL 32902-0040								
										3. Date Incorporated or Qualified 10/07/1996	3a. Dat	e of Last F	Report
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied Fo			pplied For
					26					59. 1590405 Not Applicable			
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired			
City & State					City & State					6. Election Campaign Financing \$5.00 May Be			
					28					Trust Fund Contribution Added to Fees			
L	Zip Country			<u> </u>	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	1				29 30					Florida Statutes Yes Wo			
-		9. Name	and Address of Curre	nt Regis	itered Agent					10. Name and Address of New Re	gistered A	gent	
ł							81	Name	9	•			
HEALY, PATRICK F 700 S. BABCOCK ST., STE. 400							62	Street	Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32901													
							84	City				<b>85</b> Zip	Code
L								,			<u>FL</u>		
	<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida</li> </ol>							the co	d corpor rporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of o at the appo	changing iintment as	Its registered a registered
	SIGNATURE ,	ATURE											
<u> </u>		Signature types	d or printed name of registered as OFFICERS Af				3.	nt signatu	ire required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC IN 10
-	12. TITLE	D	OFFICERS AF	ND DIREC	DELETE		1 TITLE		T	ADDITIONS/CHANGES TO OFFIC		Change	Addition
		_	NAN, CHARLES E		Otter						,		Pidolijon
	NAME		INAN, CHANLES E /. NASA BLVD.				2 NAME	4000000	.				
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			I. NASA BLVD.				2 NAME	ADDRESS	. [				
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ı.	NAME	_	RD. MARILYN		- Director		2 NAME		}		1		
	NAME STREET ADDRESS		/. NASA BLVD.					ADDRESS	.				
	DITY-ST-ZIP					- 1			'				
-	TITLE							3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
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i i	STREET ADDRESS							ADORESS	.				
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	NAME				<del></del>		2 NAME				•	. 3	_
THE TITLE								0.2 NAME					

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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