

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90080-028-\$61.25-\$61.25

DOCUMENT # N96000005118

1. Entity Name

SAN SEBASTIAN WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8730 US HWY 1
MICO FL 32976

-GOOD

8730 US HWY 1
MICO FL 32976-2826

-DELETE

X

FILED

00 MAY 25 PM 2:51



STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7900 FOX CREEK TRAIL

City & State

City & State

FRANKTOWN CO

4. FEI Number

59-1590405

Applied For

Not Applicable

Zip

Country

Zip

Country

80116

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEALY, PATRICK F
700 S. BABCOCK ST., STE. 400
MELBOURNE FL 32901

-DELETE

Name *TOM MARTINO*

Street Address (P.O. Box Number is Not Acceptable)
2538 SHERMAN ST.

City *HOLLYWOOD*

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

8. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<i>BUCHANAN, CHARLES E</i>
STREET ADDRESS	<i>6949 W. NASA BLVD.</i>
CITY-ST-ZIP	<i>MELBOURNE FL 32904</i>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<i>HOWARD, WILLIAM F</i>
STREET ADDRESS	<i>6949 W. NASA BLVD.</i>
CITY-ST-ZIP	<i>MELBOURNE FL 32904</i>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<i>HOWARD, MARILYN</i>
STREET ADDRESS	<i>6949 W. NASA BLVD.</i>
CITY-ST-ZIP	<i>MELBOURNE FL 32904</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>PRESIDENT TOM MARTINO</i>
STREET ADDRESS	<i>7900 FOX CREEK TRAIL</i>
CITY-ST-ZIP	<i>FRANKTOWN, CO 80116</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>VICE PRES. CHUCK WARDEN</i>
STREET ADDRESS	<i>7900 FOX CREEK TRAIL</i>
CITY-ST-ZIP	<i>FRANKTOWN, CO 80116</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>SECRETARY DONNA MARTINO</i>
STREET ADDRESS	<i>7900 FOX CREEK TRAIL</i>
CITY-ST-ZIP	<i>FRANKTOWN, CO 80116</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:

SIGNATURE REQUIRED *THOMAS G. MARTINO 2/19/00*

303.660-4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #