

6/4/1

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005118**

1. Entity Name

SAN SEBASTIAN WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8730 US HWY 1
MICO FL 32976

Mailing Address

7900 FOX CREEK TRAIL
FRANKTOWN CO 80116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7300 7th Ave

City & State

MICO FL

Zip

32976

Country

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARTINO, TOM
2538 SHERIDAN STREET
HOLLYWOOD FL

4. FEI Number

59-1590405

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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.

(NOT) Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINO, TOM
7900 FOX CREEK TRAIL
FRANKTOWN CO 80116TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
VD
WAHGEN, CHUCK
7900 FOX CREEK TRAIL
FRANKTOWN CO 80116TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARTINO, DONNA
7900 FOX CREEK TRAIL
FRANKTOWN CO 80116TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP
VD
Wahgen, ChuckTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-04-2001 90001 047 ****50.00

06-29-2001 90005 034 ****11.25

A0075417

DO NOT WRITE IN THIS SPACE

CR2037 (10/00)