

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005118

1. Entity Name

SAN SEBASTIAN WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90231 023 ****61.25

Principal Place of Business

Mailing Address

7300 7TH AVE.
MICCO FL 32976

7900 FOX CREEK TRAIL
FRANKTOWN CO 80116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1590405

Applied For

Not Applicable

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

MARTINO, TOM
2538 SHERIDAN STREET
HOLLYWOOD FL

Name

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

City

FL

Zip Code

33020-2059

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

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 PD ☐ Delete
NAME MARTINO, TOM
STREET ADDRESS 7900 FOX CREEK TRAIL
CITY-ST-ZIP FRANKTOWN CO 80116

TITLE VD ☐ Delete
NAME WAHLEN, CHUCK
STREET ADDRESS 7900 FOX CREEK TRAIL
CITY-ST-ZIP FRANKTOWN CO 80116

TITLE SD ☐ Delete
NAME MARTINO, DONNA
STREET ADDRESS 7900 FOX CREEK TRAIL
CITY-ST-ZIP FRANKTOWN CO 80116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4053 S. Olafson Ct
CITY-ST-ZIP Aurora 80013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 employed.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

303-475-2995

Daytime Phone #

CR2E037 (9/01)

002808