

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -2 AM 8: 24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/03/95--01065--012
***130.00 ***130.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 718337 (9)
1. Corporation Name
SEVILLE CONDOMINIUM 2, INC. 718337 (9)

Principal Place of Business Mailing Address
1001 PEARCE DRIVE SUITE 111 CLEARWATER, FL. 34624-1102 **1001 PEARCE DRIVE SUITE 111 CLEARWATER, FL. 34624-1102**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip County Zip County
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/13/1970 06/07/1993
4. FEI Number Applied For
59-1728259 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**
7. This Corporation has liability for intangible tax under § 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHARLOTTE HARI
2975 HUNTINGTON COURT
PALM HARBOR, FL. 34684**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of the obligations of Section 607.0505, Florida Statutes.

SIGNATURE * *Charlotte Hari - Pres.* **4-19-95**
(Signature typed or printed name of registered agent and the filer, applicable) (NOTE: Registered Agent signature required when mandating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME CHARLOTTE HARI	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2975 HUNTINGTON COURT	CITY, ST, ZIP PALM HARBOR, FL. 34684	12 NAME	
TITLE VP/D	NAME JOSEPH HARI	13 STREET ADDRESS	
STREET ADDRESS 2975 HUNTINGTON COURT	CITY, ST, ZIP PALM HARBOR, FL. 34684	14 CITY, ST, ZIP	
TITLE SEC/D	NAME LYNN BECKETT	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 PEARCE DRIVE # 201	CITY, ST, ZIP CLEARWATER, FL. 34624	22 NAME	
TITLE T/D	NAME ELEANOR ROBERT	23 STREET ADDRESS	
STREET ADDRESS 1001 PEARCE DRIVE #211	CITY, ST, ZIP CLEARWATER, FL. 34624-1102	24 CITY, ST, ZIP	
TITLE D	NAME CLIVE BECKETT	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 PEARCE DRIVE #201	CITY, ST, ZIP CLEARWATER, FL. 34624	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
		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(6)(g), 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 * *Charlotte Hari* **Charlotte Hari** **4-19-95** **784-5299**
(Signature typed or printed name of signing officer or director) (Date) (Mailing Address)