

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **04/13/1970**
3a. Date of Last Report: **05/02/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-1728259**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HARI, CHARLOTTE 2975 HUNTINGTON COURT PALM HARBOR FL 34684**
10. Name and Address of New Registered Agent (81-85): **Lynn Beckett 1001 Pearce Dr. #201 Clearwater FL 34624**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *L. Beckett (Secretary)* **Lynn Beckett, Secretary** 1. 17. 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARI, CHARLOTTE		1.2 NAME: Clive Beckett	
STREET ADDRESS: 2975 HUNTINGTON COURT		1.3 STREET ADDRESS: 1001 Pearce Dr. #201	
CITY-ST-ZIP: PALM HARBOR FL 34684		1.4 CITY-ST-ZIP: Clearwater, Fla. 34624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE: same	
NAME: BECKETT, LYNN		2.2 NAME: same	
STREET ADDRESS: 1001 PEARCE DR. #201		2.3 STREET ADDRESS: same	
CITY-ST-ZIP: CLEARWATER FL 34624		2.4 CITY-ST-ZIP: same	
TITLE: VPD	<input type="checkbox"/> DELETE	3.1 TITLE: Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARI, JOSEPH		3.2 NAME: Eleanor Robert	
STREET ADDRESS: 2975 HUNTINGTON COURT		3.3 STREET ADDRESS: 1001 Pearce Dr. #211	
CITY-ST-ZIP: PALM HARBOR FL 34684		3.4 CITY-ST-ZIP: Clearwater, Fla. 34624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE: Treasurer	
NAME: ROBERT, ELEANOR		4.2 NAME: Willena Girton	
STREET ADDRESS: 1001 PEARCE DR. #211		4.3 STREET ADDRESS: 1001 Pearce Dr. #309	
CITY-ST-ZIP: CLEARWATER FL 34624-1102		4.4 CITY-ST-ZIP: Clearwater, Fla. 34624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: Director	
NAME: BECKETT, CLIVE		5.2 NAME: Frank Kadi	
STREET ADDRESS: 1001 PEARCE DR. #201		5.3 STREET ADDRESS: 1001 Pearce Dr. #202 Clw, Fla.	
CITY-ST-ZIP: CLEARWATER FL 34624		5.4 CITY-ST-ZIP: same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	6.1 TITLE: 	
NAME: 		6.2 NAME: 	
STREET ADDRESS: 		6.3 STREET ADDRESS: 	
CITY-ST-ZIP: 		6.4 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(3)(k), 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: *L. Beckett (Secretary)* **Lynn Beckett** 1. 17. 96 797-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)