

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/13/1970

4. FEI Number
59-1728259

Applied For	Not Applicable
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21. Principal Place of Business 21	26. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
33764	33771
Country 25	Country 30
PINELLAS	PINELLAS

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**COMUNITY MGMT CONCEPTS INC
4175 EAST BAY DR., #205
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name HOLIDAY ISLES PROPERTY MGMT.
82 Street Address (P.O. Box Number is Not Acceptable) 7850 ULMERTON RD. STE. 1
83 City LARGO,
84 State FL
85 Zip Code 33771

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 *Robert A. Barcock* **ROBERT A. BARCOCK** **2/16/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKETT, CLIVE		1.2 NAME	
STREET ADDRESS 1001 PEARCE DR., #201		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKETT, LYNN		2.2 NAME BECKETT, LYNNE	
STREET ADDRESS 1001 PEARCE DR. #201		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KADI, FRANK		3.2 NAME	
STREET ADDRESS 1001 PEARCE DR., #202		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIRTON, WILLENA		4.2 NAME	
STREET ADDRESS 1001 PEARCE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOWARDS, GUY		5.2 NAME	
STREET ADDRESS 2850 PEARCE BLVD		5.3 STREET ADDRESS 1598 S. KEENE RD.	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP CLEARWATER, FL 33756	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONDRACK, SUZANNE		6.2 NAME	
STREET ADDRESS 1001 PEARCE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		6.4 CITY-ST-ZIP	

14. 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 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. **Clive Beckett**

SIGNATURE: *Clive Beckett* **CLIVE BECKETT** **1001 PEARCE DR** **1001 PEARCE DR** **1001 PEARCE DR**

CR2E037 (10/97)