


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719908 (6)
1. Corporation Name
SEVILLE CONDOMINIUM #4, INC.



Principal Place of Business 1012 PEARCE DR APT 204 34624 33520	Mailing Address 1012 PEARCE DR APT 204 34624 33520
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3. Date Incorporated or Qualified 12/18/1970	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1733235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COLEMAN, DR. ROBERT E., JR.
1012 PEARCE DR., APT. 307
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	BORDEN, SARA
STREET ADDRESS	1012 PEARCE DRIVE
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	GRAHAM, ROBERT L.
STREET ADDRESS	1012 PEARCE DRIVE
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HASTIE, DORIS E
STREET ADDRESS	1012 PEARCE DRIVE
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	S D <input type="checkbox"/> DELETE
NAME	AGRES, BARBARA D
STREET ADDRESS	1012 PEARCE DRIVE
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	PD <input type="checkbox"/> DELETE
NAME	COLEMAN, ROBERT E. JR.
STREET ADDRESS	1012 PEARCE DRIVE
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Henderson, Miriam
3.3 STREET ADDRESS	1012 Pearce Drive
3.4 CITY - ST - ZIP	Clearwater, FL #4624
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Barbara D. Agres** *[Signature]* **1/21/97** 813-224-8236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E037 (9/96)