

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 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 # 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	
4. FEI Number 59-1733235	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Dornblaser, Richard	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) 1012 Pearce Dr. Apt. 207	
83 City Clearwater, FL 33764	

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: Richard Dornblaser *Richard Dornblaser* DATE: **July 20, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORDEN, SARA		1.2 NAME
STREET ADDRESS 1012 PEARCE DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP CLEARWATER, FL 00000		1.4 CITY-ST-ZIP
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Blakeley, Ernest <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAHAM, ROBERT L.		2.2 NAME
STREET ADDRESS 1012 PEARCE DRIVE		2.3 STREET ADDRESS 1012 Pearce Dr. Apt. 202
CITY-ST-ZIP CLEARWATER, FL 00000		2.4 CITY-ST-ZIP Clearwater, FL 33764
TITLE V D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDERSON, MIRIAM		3.2 NAME
STREET ADDRESS 1012 PEARCE DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP CLEARWATER, FL 00000		3.4 CITY-ST-ZIP
TITLE D Secretary	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AGNES, BARBARA D		4.2 NAME
STREET ADDRESS 1012 PEARCE DRIVE		4.3 STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 33764 33764		4.4 CITY-ST-ZIP PD
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Dornblaser, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEMAN, ROBERT E. JR.		5.2 NAME
STREET ADDRESS 1012 PEARCE DRIVE		5.3 STREET ADDRESS 1012 Pearce Dr. Apt. 207
CITY-ST-ZIP CLEARWATER, FL 00000		5.4 CITY-ST-ZIP Clearwater, FL 33764
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: Richard Dornblaser *Richard Dornblaser* DATE: **July 1, 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001-1134

CR2E037 (5/98)