

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 045 ****61.25



DOCUMENT # 719908

1. Entity Name

SEVILLE CONDOMINIUM #4, INC.

Principal Place of Business

1012 PEARCE DR
 CLEARWATER FL 33764

Mailing Address

1012 PEARCE DR
 CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-1733235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, JAMES MR.
 1012 PEARCE DRIVE #101
 CLEARWATER FL 33764

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD ~~JAMES~~
 NAME: JONES, ROBERTS JR. Delete
 STREET ADDRESS: 1012 PEARCE DR #101
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: VPD
 NAME: MALONE, SARA Delete
 STREET ADDRESS: 1012 PEARCE DRIVE #104
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: SD, TD
 NAME: STEWART, LESLEY Delete
 STREET ADDRESS: 1012 PEARCE DR #106
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: TD Delete
 NAME: JOBE, SANDRA
 STREET ADDRESS: 1012 PEARCE DR #111
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: D Delete
 NAME: LYNCH, DONALD
 STREET ADDRESS: 1012 PEARCE DR #211
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loley Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLEY STEWART

3/25/04

Date

(727) 791-7264

Daytime Phone #