
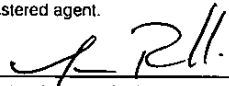



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 042 \*\*\*\*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 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs FL		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs Florida	
Zip 34689		Country USA	
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. Name and Address of Current Registered Agent SOWARDS, LINDA MS 1012 PEARCE DRIVE #108 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Jim Ranallo Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N Ste 229 City Tarpon Springs FL Zip Code 34689	
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 		DATE 1/18/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOWARDS, LINDA 1012 PEARCE DR #108 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOVE, LAURIE 1012 PEARCE DR #206 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, LAURIE 1012 PEARCE DR #206 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWELL, MARY ANN 1012 PEARCE DR #107 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, DONALD 1012 PEARCE DR #211 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, JOYCE 1012 PEARCE DR #109 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, JOYCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 1.27.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		DAYTIME PHONE # 727-438-7730	

00014333



01182006 Chg-NP CR2E037 (11/05)