

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG -4 AM 7:48

STATE
TALLAHASSEE, FLORIDA



06272008 Chg-NP CR2E037 (4/06)

DOCUMENT # 719908			
1. Entity Name SEVILLE CONDOMINIUM #4, INC.			
Principal Place of Business 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689		Mailing Address 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1733235		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANALLO, JIM 40347 US 19 N STE. 229 TARPON SPRINGS, FL 34689		Name <i>LOVE, LAURIE M L</i> Street Address (P.O. Box Number is Not Acceptable) <i>1012 PEARCE DRIVE #206</i> City <i>CLEARWATER, FL</i> FL Zip Code <i>33764</i>	
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 <i>M L Love</i>		DATE <i>7.7.06</i>	
<i>M. L. LOVE</i>		(NOTE: Registered Agent signature required when renouncing)	
Amended AR is \$61.25		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 LOVE, LAURIE 1012 PEARCE DR #206 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LOVE, M. L.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>200079732332</i> <i>08/15/06--01046--006</i> **35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWELL, MARY ANN 1012 PEARCE DR #107 CLEARWATER, FL 33784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200079732332</i> <i>08/15/06--01046--006</i> **26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, DONALD 1012 PEARCE DR #211 CLEARWATER, FL 33784 <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	TD ANDENONO, JOYCE 1012 PEARCE DR #109 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANDENORO</i> <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	<i>VPD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>IAFF, ELAINE</i> <i>1012 PEARCE DRIVE #111</i> <i>CLEARWATER, FL 33764</i>
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 <i>0</i>
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: <i>M. L. LOVE</i>		DATE: <i>7.7.06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

SIGNATURE: *M. L. LOVE* *M L Love* DATE: *7.7.06* *727.2393429*