

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724505 (3)

1. Corporation Name
SEVILLE CONDOMINIUM 12, INC.



Principal Place of Business: 2699 SEVILLE BLVD #703 CLEARWATER FL 34624-1151
Mailing Address: 2699 SEVILLE BLVD #703 CLEARWATER FL 34624-1151

3. Date Incorporated or Qualified: 10/06/1972
3a. Date of Last Report: 02/06/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2351724	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SMITH, ARNOLD G
2699 SEVILLE BLVD #703
CLEARWATER FL 34624

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, M.C.		1.2 NAME: Em Zeke Blevins	
STREET ADDRESS: 2699 SEVILLE BLVD. #703		1.3 STREET ADDRESS: 2699 Seville Blvd #701	
CITY-ST-ZIP: CLEARWATER FL		1.4 CITY-ST-ZIP: CLEARWATER FL 34624	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONLEY, GERALD B		2.2 NAME:	
STREET ADDRESS: 2699 SEVILLE BLVD #310		2.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		2.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Charles H. Greene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JACKSON, CLARETTA		3.2 NAME: 137 E. Franklin Blvd.	
STREET ADDRESS: 2699 SEVILLE BLVD #609		3.3 STREET ADDRESS: P. O. Box 1353	
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY-ST-ZIP: Gastonia, N.C. 28052	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUSCHER, DALE B.		4.2 NAME:	
STREET ADDRESS: 2699 SEVILLE BLVD. #809		4.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		4.4 CITY-ST-ZIP:	
TITLE: CPTD	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEVENSON, ROBERT		5.2 NAME:	
STREET ADDRESS: 2699 SEVILLE BLVD. #207		5.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		5.4 CITY-ST-ZIP:	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Em Zeke Blevins* Treasurer Date: 1-22-96 (8:13) Daytime Phone #: 724 1285

CR2E037 (12/95)