

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 724505 (3)**  
1. Corporation Name  
**SEVILLE CONDOMINIUM 12, INC.**



Principal Place of Business <b>2699 SEVILLE BLVD #703 CLEARWATER FL 34624-1151</b>	Mailing Address <b>2699 SEVILLE BLVD #703 CLEARWATER FL 34624-1151</b>
---	---

3. Date Incorporated or Qualified <b>10/06/1972</b>	
4. FEI Number <b>59-2351724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 - DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE MILLER, MARILYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLEVINS, EMZEKE		1.2 NAME	
STREET ADDRESS 2699 SEVILLE BLVD 701		1.3 STREET ADDRESS 2699 SEVILLE BLVD 401	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP CLEARWATER, FL. <i>SEC'Y</i>	
TITLE VD + TREAS.	<input type="checkbox"/> DELETE	2.1 TITLE LYNCH, KAREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONLEY, GERALD B		2.2 NAME	
STREET ADDRESS 2699 SEVILLE BLVD #310		2.3 STREET ADDRESS 2699 SEVILLE BLVD 102	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP CLEARWATER, FL. <i>DIRECTOR</i>	
TITLE D - PRESIDENT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE, CHARLES H.		3.2 NAME	
STREET ADDRESS 137 E FRANKLIN BLVD., P.O. BOX 1353		3.3 STREET ADDRESS	
CITY-ST-ZIP GASTONIA NC		3.4 CITY-ST-ZIP	
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 checked="" 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 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: *Gerald B Conley, Treas* *Arnold G Smith 4-4-98* *813-7960615*

CFR2037 (10/97)