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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724505

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/06/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2351724
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, ARNOLD G
2699 SEVILLD 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 **FL** 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 *Arnold G Smith* DATE **3/6/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MARILYN	
STREET ADDRESS	2699 SEVILLE BLVD 401	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	CONLEY, GERALD B	
STREET ADDRESS	2699 SEVILLE BLVD #310	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENE, CHARLES H.	
STREET ADDRESS	137 E FRANKLIN BLVD., P.O. BOX 1353	
CITY-ST-ZIP	GASTONIA NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUSCHER, DALE B.	
STREET ADDRESS	2699 SEVILLE BLVD. #809	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, KAREN	
STREET ADDRESS	2699 SEVILLE BLVD 102	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARETTA JACKSON	
STREET ADDRESS	4141 BAYSHORE DR - #1603	
CITY-ST-ZIP	TAMPA, FL 33611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZENA CHOMA, ZENA	
1.3 STREET ADDRESS	2699 SEVILLE BLVD - #409	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33769	
2.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE *Arnold G Smith* DATE **3/8/99** DAYTIME PHONE # **727-291-1814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)