


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90004 001 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # 731489 | | | |  | |
| 1. Entity Name SEVILLA OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business P O BOX 1344 WINTER PARK, FL 32790 US | | | Mailing Address P O BOX 1344 WINTER PARK, FL 32790 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | | Zip | | |
| Country | | | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SUTTON, GERALD S 310 SALVADOR SQ. WINTER PARK, FL 32789 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | DT <input type="checkbox"/> Delete | TITLE | OS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 05 Philips Catherine | |
| NAME | SUTTON, GERALD S | NAME | 1648 Barcelona Way | Winter Park FL 32789 | |
| STREET ADDRESS | 310 SALVADOR SQUARE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Allen, Ashley | |
| NAME | YERGEY, DAVID | NAME | 1729 Barcelona way | Winter Park FL 32789 | |
| STREET ADDRESS | 269 SALVADOR SQUARE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PRK, FL | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Johnston, Mark | |
| NAME | CAVE, RICHARD | NAME | 227 Salvador sq | Winter Park FL 32789 | |
| STREET ADDRESS | 221 SALVADOR SQ | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Plumley, Don | |
| NAME | LORENZEN, SHERRY | NAME | 1639 Barcelona Way | Winter Park FL 32789 | |
| STREET ADDRESS | 320 SANTIAGO DR | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Fournier, Glenn | |
| NAME | JOHNSTON, SUSAN | NAME | 1647 Barcelona Way | Winter Park FL 32789 | |
| STREET ADDRESS | 227 SALVADOR SQ. | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | CITY-ST-ZIP | | | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Fournier, Glenn | |
| NAME | FOURNIER, GLENN | NAME | 1647 Barcelona Way | Winter Park FL 32789 | |
| STREET ADDRESS | 1647 BARCELONA WAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | CITY-ST-ZIP | | | |
| 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: <u>Gerald S. Sutton</u> 2/4/06 407 629 0838 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

