

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743329 (5)

1. Corporation Name

**SEVILLE CONDOMINIUM RESIDENCES OF COCOA BEACH, I
NC.**

Principal Place of Business

Mailing Address

1700 S ATLANTIC AVE.
COCOA BEACH FL 32931

1700 S ATLANTIC AVE.
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1978	3a. Date of Last Report 02/28/1994
4. FEI Number 59-1947658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SHRIEVES, RICHARD H
6939 N WICKHAM RD
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name **ANN SABELLI**

82 Street Address (P.O. Box Number is Not Acceptable)
6939 N. Wickham Road

83

84 City **Melbourne** **FL** 85 **32940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Ann Sabelli, Ann Sabelli CAM DATE 4/20/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAWKINS, DONALD
STREET ADDRESS	1700 S ATLANTIC AVE #307
CITY-ST-ZIP	COCOA BEACH, FL 00000
TITLE	VPD
NAME	DUNKLING, SAM
STREET ADDRESS	1700 S. ATLANTIC AVE. #204
CITY-ST-ZIP	COCOA BEACH FL
TITLE	STD
NAME	SOBIK, BEVERLY
STREET ADDRESS	1700 S. ATLANTIC AVE. #303
CITY-ST-ZIP	COCOA BEACH FL
TITLE	D
NAME	FREEMAN, JAMES
STREET ADDRESS	1700 S. ATLANTIC AVE. #305
CITY-ST-ZIP	COCOA BEACH, FL 00000
TITLE	D
NAME	FRILING, LESTER
STREET ADDRESS	1700 S ATLANTIC AVE 205
CITY-ST-ZIP	COCOA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Owens	
1.3 STREET ADDRESS	5826 Woodbine Dr.	
1.4 CITY-ST-ZIP	Orlando, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	Same	
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marietta White	
3.3 STREET ADDRESS	1700 S. Atlantic Ave.	
3.4 CITY-ST-ZIP	Cocoa, FL. 32931	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Delete	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Delete	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	Delete	
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marietta White, Sec. DATE 04/20/95 PHONE 407-259-2931