

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 007 ****61.25

DOCUMENT # 743329

1. Entity Name

SEVILLE CONDOMINIUM RESIDENCES OF COCOA BEACH, I

Principal Place of Business

Mailing Address

1700 S ATLANTIC AVE.
 COCOA BEACH FL 32931

1700 S ATLANTIC AVE.
 COCOA BEACH FL 32931-5324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1947658

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGERMAN, MARILYN A
200 NORTH FIRST STREET
COCOA BEACH FL 32931

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWENS, PAUL	
STREET ADDRESS	5826 WOODBINE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WICHLICZ, JAMES	
STREET ADDRESS	1700 S ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, MARIETTA J	
STREET ADDRESS	1700 S ATLANTIC AVE, #204	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREEMAN, JIM	
STREET ADDRESS	240 M STREET SW E712	
CITY-ST-ZIP	WASHINGTON DC 20024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)