

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27535 (6)
 1. Corporation Name
SEVILLA GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233	Mailing Address 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1988		3a. Date of Last Report 04/09/1996	
2. Principal Place of Business 21 1989 Seville Blvd W		4. FEI Number 59-2959471	
2a. Mailing Address 26 1989 Seville Blvd W		Applied For Not Applicable	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Atlantic Beach FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
City & State 28 Atlantic Beach FL		\$5.00 May Be Added to Fees	
Zip 24 32233	Country 25 USA	Zip 29 32233	Country 30 USA
g. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**NIELSEN, MARTIN C
 1941 SEVILLA BLVD W
 ATLANTIC BCH FL 32233**

10. Name and Address of New Registered Agent

81 Name John Carter
82 Street Address (P.O. Box Number is Not Acceptable) 1989 Seville Blvd W.
83
84 City Atlantic Beach
85 Zip Code FL 32233

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

12. OFFICERS AND DIRECTORS

TITLE VD	NAME CARTER, JOHN	<input type="checkbox"/> DELETE
STREET ADDRESS 1989 SEVILLA BLVD. W.		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		
TITLE D	NAME BRODEAU, HAROLD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1965 SEVILLA BLVD. W.		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		
TITLE PD	NAME NIELSEN, MARTIN C	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1941 SEVILLA BEACH		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		
TITLE STD	NAME ROBERTS, CHAD S	<input type="checkbox"/> DELETE
STREET ADDRESS 1945 SEVILLA BLVD. W.		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		
TITLE D	NAME WANGERIN, C. JAY	<input type="checkbox"/> DELETE
STREET ADDRESS 1810 SEVILLA BLVD.		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		
TITLE D	NAME WANGERIN, C. JAY	<input type="checkbox"/> DELETE
STREET ADDRESS 1810 SEVILLA BLVD.		
CITY-ST-ZIP ATLANTIC BEACH FL 32233		

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 CARTER, JOHN	
1.3 STREET ADDRESS 1989 SEVILLA BLVD W.	
1.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233	
2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Roberts, C	
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 TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Roberts, chad S.	
4.3 STREET ADDRESS 1945 Seville, Blvd. W.	
4.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
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 DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME CALVIN, SANDY	
6.3 STREET ADDRESS 1925 SEVILLA BLVD W.	
6.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 John Carter DATE 18/1/97 904.770.0120

CR2E037 (4/97)