

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # N27535 (6)

1. Corporation Name
 SEVILLA GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1989 SEVILLA BLVD W 1989 SEVILLA BLVD W
 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233
 US US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CARTER, JOHN
 1989 SEVILLA BLVD W
 ATLANTIC BCH FL 32233

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

Signature, type (or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS
 1.1 TITLE PD
 1.2 NAME CARTER, JOHN DELETE
 1.3 STREET ADDRESS 1989 SEVILLA BLVD W
 1.4 CITY-ST-ZIP ATLANTIC BEACH FL
 2.1 TITLE DS DELETE
 2.2 NAME CALVIN, SANDY
 2.3 STREET ADDRESS 1925 SEVILLA BLVD W
 2.4 CITY-ST-ZIP ATLANTIC BEACH FL
 3.1 TITLE TD DELETE
 3.2 NAME ROBERTS, CHAD S
 3.3 STREET ADDRESS 1945 SEVILLA BLVD W
 3.4 CITY-ST-ZIP ATLANTIC BEACH FL
 4.1 TITLE D DELETE
 4.2 NAME WANGERIN, C. JAY
 4.3 STREET ADDRESS 1810 SEVILLA BLVD.
 4.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233
 5.1 TITLE DELETE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE DELETE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE PD
 1.2 NAME Roberts, Chad Change Addition
 1.3 STREET ADDRESS 1945 Sevilla Blvd. W
 1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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.

SIGNATURE: CHAD Roberts
 SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

9.28.98 (904)353-2100
 Date Daytime Phone #

CR2E037 (5/98)