

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003696

1. Corporation Name

SEVILLA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

400 S. POINTE DR. UNIT 2502
MIAMI BEACH FL 33139

Mailing Address

1455 MICHIGAN AVENUE UNIT 2
MIAMI BEACH FL 33139

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90005 030 ****75.00



2. Principal Place of Business

21 8362 SW 8st

2a. Mailing Address

26 8362 SW 8st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33144

Country

25 USA

Zip

29 33144

Country

30 USA

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

65-0846619

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PHILIPP, ANTON
1455 MICHIGAN AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Lilia R. Ables

82 Street Address (P.O. Box Number is Not Acceptable)

83 8362 SW 8st

84 City Miami

FL

85 Zip Code

33144

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 *Lilia R. Ables* Lilia R. Ables, Treasurer 04/27/1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SP	PHILIPP, ANTON	1455 MICHIGAN AVE. SUITE 2	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
D	TABAN, MORIS	1455 MICHIGAN AVE. SUITE 2	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
D	BERGER, RUDY	1455 MICHIGAN AVE. SUITE 2	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
ST	ILSEMANN, BARBARA	1455 MICHIGAN AVE. SUITE 2	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	Daniel Persin	642 Michigan Ave, Apt 20	Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Lilia R. Ables	8362 SW 8st	Miami, FL 33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Lucy Smith	10101 South Dixie Highway	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: *Lilia R. Ables* Lilia R. Ables 04/27/1999 (305) 269-6989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)