FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27535 (6)

1. Corporation Name
SEVILLA GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233	1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1988
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2959471 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BULL, GOERGE JR
1937 SEVILLA BLVD W
1800 SEVILLA BLVD.
ATLANTIC BCH FL 32233

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VICE PRES./DIRECTOR	☑ Change ☑ Addition
NAME	WADE, DEWAYNE	1.2 NAME	NIELSEN, MARTIN C	
STREET ADDRESS	813 PONTE VEDRA BLVD	1.3 STREET ADDRESS	1941 SEVILLA BLVD W.	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	PD	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	BULL, GEORGE JR.	2.2 NAME	ROBERTS CHAD S	
STREET ADDRESS	1937 SEVKIA BLVD WEST	2.3 STREET ADDRESS	1945 SEVILLA BLVD. W.	
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	STD	3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	BULL, MARY LOU	3.2 NAME	WANGERIN, SINJAY	
STREET ADDRESS	1937 SEVILLA BLVD W.	3.3 STREET ADDRESS	1910 SEVILLA BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME	700001455827	
STREET ADDRESS		4.3 STREET ADDRESS	-04/13/95--01057--012	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****130.00 ****130.00	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	4/12/95 MB	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 11 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: [signature] 4/10/95 (904)246-6910
GEORGE BULL, JR.
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #