

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N27535**

1. Corporation Name

**SEVILLA GARDENS HOMEOWNERS
ASSOCIATION**

Principal Place of Business

Mailing Address

**1937 SEVILLA BLVD. W.
ATLANTIC BCH, FL. 32233**

**1937 SEVILLA BLVD W
ATLANTIC BCH, FL 32233**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

07/20/1988

3a. Date of Last Report

4/10/95

4. FEI Number

59-2959471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULL, GEORGE JR.
1937 SEVILLA BLVD W.
ATLANTIC BEACH, FL
32233**

**81 Name NIELSEN, MARTIN C.
82 Street Address 1941 SEVILLA BLVD WEST
83
84 City ATLANTIC BEACH FL 85 Zip 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BULL, GEORGE JR.	
STREET ADDRESS	1937 SEVILLA BLVD W.	
CITY-ST-ZIP	ATLANTIC BCH, FL 32233	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BULL, MARY LOU	
STREET ADDRESS	1937 SEVILLA BLVD. W.	
CITY-ST-ZIP	ATLANTIC BCH, FL. 32233	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NIELSEN, MARTIN C.	
STREET ADDRESS	1941 SEVILLA BLVD. W.	
CITY-ST-ZIP	ATLANTIC BEACH, FL. 32233	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, CHAD S.	
STREET ADDRESS	1945 SEVILLA BLVD. W.	
CITY-ST-ZIP	ATLANTIC BCH, FL. 32233	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WANGERIN, C. JAY	
STREET ADDRESS	1810 SEVILLA BLVD	
CITY-ST-ZIP	ATLANTIC BCH, FL. 32233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PD
33 STREET ADDRESS	NIELSEN, MARTIN C.
34 CITY-ST-ZIP	1941 SEVILLA BLVD. W.
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STD
43 STREET ADDRESS	ROBERTS, CHAD S.
44 CITY-ST-ZIP	1945 SEVILLA BLVD. W.
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	VD
53 STREET ADDRESS	JOHN CARTER
54 CITY-ST-ZIP	1989 SEVILLA BLVD. W.
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	HAROLD B. BRODEAU
64 CITY-ST-ZIP	1945 SEVILLA BLVD. W.

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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BULL JR

Date

Daytime Phone #

APR 5, 1996 (904)246-4469

CR2E037 (12/95)