

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27535

1. Entity Name

SEVILLA GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1917 SEVILLA BLVD W
ATLANTIC BEACH FL 32233
US

Mailing Address

1917 SEVILLA BLVD W
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2959471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUFFY, THOMAS E JR
1917 SEVILLA BLVD W
ATLANTIC BCH FL 32233

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME DUFFY, THOMAS E JR
STREET ADDRESS 1917 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME SELLERS, DAVE
STREET ADDRESS 1958 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME MCWILLIAMS, TAMMY
STREET ADDRESS 1964 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME KOSUT, JANE
STREET ADDRESS 1969 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STRAUB, EDWARD
STREET ADDRESS 1956 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

(904) 632-2424

Date

Residence Phone #

CR2E037 (9/01)