

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90026 016 ****61.25

DOCUMENT # N27535

1. Entity Name
SEVILLA GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1800 SEVILLA BLVD
ATLANTIC BEACH, FL 32233 US**

Mailing Address
**C/O HILLEGASS, CHEPENIK & HOOD, CPA'S
427 THIRD STREET NORTH
JACKSONVILLE BEACH, FL 32250 US**

50000161



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 · Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2959471

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOOD, TERRY J CPA
C/O HILLEGASS, CHEPENIK & HOOD CPA'S
427 THIRD STREET NORTH
JACKSONVILLE BEACH, FL 32250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROBERTSON, CLAY
1884 SEVILLA BLVD W
ATLANTIC BEACH, FL 32233** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
OC GRECC
1954 SEVILLA BLVD WEST
ATLANTIC BEACH, FL 32233** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RADCLIFFE, JOHN
1921 SEVILLA BLVD W
ATLANTIC BEACH, FL 32233** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DAVIDSON, KATHERINE
1913 SEVILLA BLVD W
ATLANTIC BEACH, FL 32233** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
KOOPA, AMY
1901 SEVILLA BLVD W
ATLANTIC BEACH, FL 32233** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DEAN COLVER
1894 SELVA MARINA DR
ATLANTIC BEACH, FL 32233** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: *Katherine Davidson* **KATHERINE DAVIDSON**

3/10/08

904-246-0713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #