

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90131 045 \*\*\*\*61.25

**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**

**90020956**



2. Principal Place of Business

**1800 SEVILLA BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**1800 SEVILLA BLVD.**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**ATLANTIC BEACH, FL**

City & State

**ATLANTIC BEACH, FL**

4. FEI Number **59-2959471**

Applied For

Not Applicable

Zip

Country

**32233 US**

Zip

Country

**32233 US**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**HAL MANKIN**

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

**1957 SEVILLA BLVD. WEST**

City

**ATLANTIC BEACH**

FL

Zip Code

**32233**

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

**(HAL MANKIN - PRESIDENT) 1-28-03**

**FILE NOW: FEE IS \$61.25**

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

TITLE **DP** ☒ Delete

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

TITLE **DV** ☒ Delete

NAME **SELLERS, DAVE**  
STREET ADDRESS **1958 SEVILLA BLVD W**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **DS** ☒ Delete

NAME **MCWILLIAMS, TAMMY**  
STREET ADDRESS **1964 SEVILLA BLVD W**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **TD** ☐ Delete

NAME **KOSUT, JANE**  
STREET ADDRESS **1969 SEVILLA BLVD W**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Delete

NAME **STRAUB, EDWARD**  
STREET ADDRESS **1956 SEVILLA BLVD W**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition

NAME **HAL MANKIN**  
STREET ADDRESS **1957 SEVILLA BLVD. W.**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **V** ☐ Change ☒ Addition

NAME **ROBERT BRAID**  
STREET ADDRESS **1958 SEVILLA BLVD. W.**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **S** ☐ Change ☒ Addition

NAME **JILL MANKIN**  
STREET ADDRESS **1957 SEVILLA BLVD. W**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

**SIGNATURE OF (HAL MANKIN - P) 1-28-03 904 2A9 2761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)