

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731489

FILED
Jan 06, 2017
Secretary of State
CC1708595611

Entity Name: SEVILLA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

310 SALVADOR SQ
WINTER PARK, FL 32789

Current Mailing Address:

P O BOX 1344
WINTER PARK, FL 32790 US

FEI Number: 59-3431969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUTTON, GERALD S
310 SALVADOR SQ.
WINTER PARK, FL 32789 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name ROTATORI, SCOTT
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name MILLER, LEAH
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR, VP, TREASURER
Name JOHNSTON, MARK
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title PRESIDENT, DIRECTOR
Name FOURNIER, CLAIRE
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name WALKER, MARGARET JAN
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name TONGSON, SEBASTIAN E JR.
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name TELLECHEA, ALBERT
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name CUTTING, LOUISE
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAIRE FOURNIER

PRESIDENT

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUMMINGS, HARRY
Address P O BOX 1344
City-State-Zip: WINTER PARK FL 32790