

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21508

Entity Name: SEVILLA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1800 SEVILLA BLVD.
ATLANTIC BEACH, FL 32233**Current Mailing Address:**7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256**FEI Number:** 59-2146076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CMC OF JACKSONVILLE
7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 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
Name LOVELAND, CINDY
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name FEINDT, ALINE
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name KING, JOHN
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name CLIFFORD, JOHN
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title DIR
Name CARPENTIERI, BEATRICE
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title DIR
Name LEAK, FRED
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name STUDGEON, ELIZABETH
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name GREGG, O C
Address 7400 BAYMEADOWS WAY
#317
City-State-Zip: JACKSONVILLE FL 32256

Continues on page 2

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: JOHN KING**PRESIDENT****03/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONES, MICHAEL
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name ALTEE, EARLENE
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256