

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715653

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: SEVILLE HOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

299 NORTH RIVERSIDE DR.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

299 NORTH RIVERSIDE DR.  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 59-1295770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIGOSANTI, RICHARD  
299 N RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NIGOSANTI, RICHARD  
Address: 299 N RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: LECCESE, VITO  
Address: 299 N. RIVERSIDE DR. # 303  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete  
Name: O'CONNOR, JOSEPH  
Address: 299 NORTH RIVERSIDE DR #507  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: YANIR, MARIETTE  
Address: 299 N RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: GERGORIO, JACK  
Address: 299 N RIVERSIDE DR #1004  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: SUELLAN, MOHAN  
Address: 299 N RIVERSIDE DR #701  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SILVA, JOHN  
Address: 299 N. RIVERSIDE DR. # 303  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD NIGOSANTI

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date