


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 038 ****61.25

DOCUMENT # 717235 1. Entity Name SEVILLE CONDOMINIUM #1, INC.					
Principal Place of Business C/O CMC, INC. 4175 EAST BAY DRIVE #205 CLEARWATER, FL 33764 US			Mailing Address C/O CMC, INC. 4175 EAST BAY DRIVE, #205 CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1937613	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Na Str CMC 4175 East Bay Dr., Suite 205 Cit Clearwater, FL 33764 Zip Code				Na Str CMC 4175 East Bay Dr., Suite 205 Cit Clearwater, FL 33764 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 <u><i>Kirk Bliss</i></u> 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUX, RICHARD		NAME		
STREET ADDRESS	2623 SEVILLE RD BLVD #111		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILLETTE, LYNN		NAME		
STREET ADDRESS	2633 SEVILLE BLVD #101		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGAN, RICHARD		NAME	T Noel Grob	
STREET ADDRESS	2623 SEVILLE BLVD #301		STREET ADDRESS	2623 Seville Blvd 203	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SFAMENI, JEAN		NAME	FRANK ANTONIELLO	
STREET ADDRESS	2633 SEVILLE BLVD #306		STREET ADDRESS	MEMBER AT LARGE	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	2623 SEVILLE BLVD #210	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIBBELT, WAYNE		NAME		
STREET ADDRESS	2633 SEVILLE BLVD, # 203		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Richard A. Laux</i></u> 4/31/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					