


**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # 718337</b> 1. Entity Name <b>SEVILLE CONDOMINIUM 2, INC.</b>	
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Principal Place of Business	Mailing Address
1001 PEARCE DRIVE	40347 US 19 N STE 229
SUITE 111	TARPON SPRINGS, FL 34689 US
CLEARWATER, FL 33764 US	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142008 Chq-NP CR2E037 (12/06)

4. FEI Number	Applied For
59-1728259	Not Applicable

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

6. Name and Address of Current Registered Agent

BARKER, DIANE  
1001 PEARCE DRIVE #208  
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City	FL	Zip Code
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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**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
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TITLE	STD	<input type="checkbox"/> Delete
NAME	MATTHEWS, JOAN	
STREET ADDRESS	1001 PEARCE DR #206	
CITY-ST-ZIP	CLEARWATER, FL 33764	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARKER, DIANE	
STREET ADDRESS	1001 PEARCE DR., #108	
CITY - ST - ZIP	CLEARWATER, FL 33764	

TITLE	D	 Delete
NAME	MORIARTY, ELLEN	
STREET ADDRESS	1001 PEARCE DR #203	
CITY - ST - ZIP	CLEARWATER, FL 33764	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BECKETT, CLIVE		
STREET ADDRESS	1001 PEARCE DR #206		
CITY - ST - ZIP	CLEARWATER, FL 33764		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 address, with all other like empowered.

SIGNATURE: *Diane Barker* DIANE BARKER, PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 727-938-7730