

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 009 ****61.25

DOCUMENT # 719908

1. Entity Name
SEVILLE CONDOMINIUM #4, INC.



Principal Place of Business
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689

Mailing Address
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689

20006118



2. Principal Place of Business - No P.O. Box #
1012 PEARCE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1012 PEARCE DRIVE
Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State
Clearwater Florida
Zip
33764
Country
PINELLAS

City & State
Clearwater Florida
Zip
33764
Country
PINELLAS

4. FEI Number
59-1733235
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVE, M.L.
1012 PEARCE DRIVE, #206
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

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, 2007

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

TITLE PD ☐ Delete
NAME LOVE, M.L.
STREET ADDRESS 1012 PEARCE DR #206
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE SD ☐ Delete
NAME POWELL, MARY ANN
STREET ADDRESS 1012 PEARCE DR #107
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VPD ☒ Delete
NAME IAFE, ELAINE
STREET ADDRESS 1012 PEARCE DRIVE, #111
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE TD ☐ Delete
NAME ANDENORO, JOYCE
STREET ADDRESS 1012 PEARCE DR #109
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME LOVE, M.L.
STREET ADDRESS 1012 PEARCE DR. #206
CITY-ST-ZIP CLEAR FL 33764

TITLE SD ☐ Change ☐ Addition
NAME POWELL, MARY ANN
STREET ADDRESS 1012 PEARCE DR #107
CITY-ST-ZIP CLEAR FL 33764

TITLE VPD ☐ Change ☒ Addition
NAME ROBERTS, JAMES
STREET ADDRESS 1012 PEARCE DR #101
CITY-ST-ZIP CLEAR FL 33764

TITLE TD ☐ Change ☐ Addition
NAME ANDENORO, JOYCE
STREET ADDRESS 1012 PEARCE DR #109
CITY-ST-ZIP CLEAR FL 33764

TITLE ☐ Change ☒ Addition
NAME EICHENHEIM, SANDRA
STREET ADDRESS 1012 PEARCE DR #301
CITY-ST-ZIP CLEAR FL 33764

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 an address, with all other like empowered.

SIGNATURE: *M.L. Love President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #