FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722169 (0)

1. Corporation Name
SEVILLE CONDOMINIUM 14, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY MANAGEMENT CONCEPTS. INC. 4175 E. BAY DR.. STE. 205 CLEARWATER FL 34624	C/O COMMUNITY MANAGEMENT CONCEPTS. INC. 4175 E. BAY DR.. STE. 205 CLEARWATER FL 34624

3. Date Incorporated or Qualified: 11/29/1971
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1870908 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RAYMOND
2650 PEARCE DRIVE APT. 204
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Joe Spinello
82 Street Address (P.O. Box Number is Not Acceptable): 2650 Pearce Dr. # 206
83:
84 City: Clearwater FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Joe Spinello 3/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	SPINELLO, JOE		1.2 NAME	Joe Spinello	
STREET ADDRESS	2650 PEARCE DR S206		1.3 STREET ADDRESS	2650 Pearce Drive #206	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, FL.	
TITLE	S	☑ DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	JOHNSON, WALTER		2.2 NAME	Bill D'Angelo	
STREET ADDRESS	2650 PEARCE DR.		2.3 STREET ADDRESS	2650 Pearce Drive, # 409	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	PD	☑ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	SCHNEIDER, RAYMOND		3.2 NAME	Ralph Colson	
STREET ADDRESS	2650 PEARCE DRIVE #204		3.3 STREET ADDRESS	2650 Pearce Drive #303	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	VD	☑ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	BUD, LAWRENCE H.J.		4.2 NAME	Frances Jones	
STREET ADDRESS	2650 PEARCE DRIVE #107		4.3 STREET ADDRESS	2650 Pearce Drive #107	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	D	☑ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	ZUK, PATRICIA		5.2 NAME	Charles Graf	
STREET ADDRESS	2650 PEARCE DR #102		5.3 STREET ADDRESS	2650 Pearce Drive #111	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Spinello 3/13/96 796-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #