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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34624-6977

3. Date Incorporated or Qualified
11/29/1971

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

SPINELLS, JOE
2650 PEARCE DRIVE #208
CLEARWATER FL

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SPINELLO, JOE
STREET ADDRESS 2650 PEARCE DR S208
CITY-ST-ZIP CLEARWATER FL

TITLE VP
NAME D'ANGELO, BILL
STREET ADDRESS 2650 PEARCE DR.409
CITY-ST-ZIP CLEARWATER FL

TITLE S
NAME COLSON, RALPH
STREET ADDRESS 2650 PEARCE DRIVE #303
CITY-ST-ZIP CLEARWATER FL

TITLE T
NAME JONES, FRANCES
STREET ADDRESS 2650 PEARCE DRIVE #407
CITY-ST-ZIP CLEARWATER FL

TITLE D
NAME GRAF, CHARLES
STREET ADDRESS 2650 PEARCE DR #111
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97

461-1010

Date

Daytime Phone # 0067881

CR2E037 (9/96)