FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 06 1998 8:00am
Secretary of State

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o HOLIDAY ISLES	26 c/o HOLIDAY ISLES
Suite, Apt. #, etc. 22 7850 ULMERTON RD.STE 1	Suite, Apt. #, etc. 27 7850 ULMERTON RD. STE1
City & State 23 LARGO, FL	City & State 28 LARGO, FL
Zip / Country 24 33771 / 25 PINELLAS	Zip / Country 29 33771 / 30 PINELLAS

9. Name and Address of Current Registered Agent

SPINELLS, JOE
2650 PEARCE DRIVE #206
CLEARWATER FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPINELLO, JOE		1.2 NAME	
STREET ADDRESS	2650 PEARCE DR S206		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, BILL		2.2 NAME	
STREET ADDRESS	2650 PEARCE DR.409		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAF, DOREEN		3.2 NAME	
STREET ADDRESS	2650 PEARCE DR., #111		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, FRANCES		4. 2 NAME	
STREET ADDRESS	2650 PEARCE DRIVE #407		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRAF, CHARLES		5.2 NAME	
STREET ADDRESS	2650 PEARCE DR #111		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
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	

CR2E037 (10/97)

14. I 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 Joseph R. Spinello, Pres 1/27/98 813 796-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR