

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91023 031 ****61.25

DOCUMENT # 722169

1. Entity Name
SEVILLE CONDOMINIUM 14, INC.



Principal Place of Business
**C/O HOLIDAY ISLES
7850 ULMERTON RD SUITE 1
LARGO, FL 33771 US**

Mailing Address
**C/O HOLIDAY ISLES
7850 ULMERTON RD SUITE 1
LARGO, FL 33771 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1870908

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROP. MGMT. INC.
7850 ULMERTON RD. STE. 1
LARGO, FL 33771**

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, 2004**

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 **VD** ☐ Delete
NAME **SOWARDS, GUY**
STREET ADDRESS **1598 S KEENE RD**
CITY-ST-ZIP **CLEARWATER, FL 33756**

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

TITLE **SD** ☒ Delete
NAME **DAWSON, WILBUR**
STREET ADDRESS **2650 PEARCE DRIVE #103**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Delete
NAME **FOGEL, SHERRY**
STREET ADDRESS **2650 PEARCE DRIVE #311**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **PD** ☐ Delete
NAME **JOHNSON, WALTER**
STREET ADDRESS **2650 PEARCE DR # 202**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD Spinello, Chris**
STREET ADDRESS **2650 Pearce Dr. # 206**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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:

Walter Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Johnson, President