## 2003 NOT-FOR-PROFIT CORPORATION

## Mar 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # 722169 1. Entity Name 03-14-2003 90055 025 \*\*\*\*61.25 SEVILLE CONDOMINIUM 14, INC. Principal Place of Business Mailing Address C/O HOLIDAY ISLES C/O HOLIDAY ISLES 7850 ULMERTON RD SUITE 1 7850 ULMERTON RD SUITE 1 LARGO FL 33771 **LARGO FL 33771** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1870908 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. -Name and Address of New Registered Agent Name HOLIDAY ISLES PROP. MGMT. INC. Street Address (P.O. Box Number is Not Acceptable) 7850 ULMERTON RD. STE. 1 LARGO FL 33771 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition SOWARDS, GUY NAME NAME STREET ADDRESS 1598 S KEENE RD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition D'ANGELO, BILL NAME NAME STREET ADDRESS 2650 PEARCE DR.409 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GRAF, CHARLES NAME NAME STREET ADDRESS 2650 PEARCE DR #111 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Dawson, Wilbur # 103 NAME SPINELLO, CHRISTINA NAME STREET ADDRESS 2650 PEARCE DRIVE #206 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** Clearwater, FC 33764 CITY-ST-ZIP PD Delete TITLE ☐ Change ■ Addition NAME JOHNSON, WALTER NAME STREET ADDRESS 2650 PEARCE DR # 202 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME

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.

STREET ADDRESS

Jeanworter, Fr

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE R

33764

**FILED**