
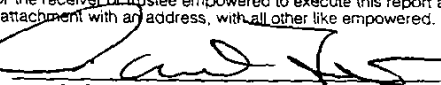


**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90007 017 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 739242</b>					
1. Entity Name SEVILLE AREA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1756732	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAY, DOUGLAS R PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE GROUP BLVD BOCA RATON, FL 33487				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	PD <del>PRESIDENT</del>	<input type="checkbox"/> Delete			
NAME	FIRESTEIN, PAUL				
STREET ADDRESS	288 SEVILLE L				
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
TITLE	VD <del>1ST VICE PRESIDENT</del>	<input type="checkbox"/> Delete			
NAME	STRAUSS, ERIC				
STREET ADDRESS	153 SEVILLE G				
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
TITLE	VD <del>SECRETARY</del>	<input type="checkbox"/> Delete			
NAME	LEVINE, MORRIS				
STREET ADDRESS	321 SEVILLE N				
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
TITLE	VD <del>2ND VICE PRESIDENT</del>	<input type="checkbox"/> Delete			
NAME	SILVERMAN, MARYLIN				
STREET ADDRESS	220 SEVILLE J				
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/2/06 638-0089					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					