FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthar

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(5)

***SEVILLE CONDOMINIUM RESIDENCES OF COCOA BEACH, I**

Principal Place of Business

Mailing Address

FILED May 22 1997 8:00am Secretary of State



1700 S ATLANTIC AVE. COCOA BEACH FL 32831				1700 S ATLANTIC AVE. COCOA BEACH FL 32931-5324							
<u>.</u>							3. Date Incorp	orated or Qualified)/1978	3a. Date of Last 02/14/		
2. Principal P	lace of Busine	ss	2a. Mailing Ad	2a. Mailing Address				[Applied For	
21			26	26				947658	<u> </u>	Vot Applicable	
Suite, Apt.	#, etc.		Suite, Apt	Suite, Apt. #, etc.				5. Certificate of Status Desired Section Fee Required Fee Required			
City & Stat	le <u> </u>		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Zip				8. This corporation has liability for intangible tax under s. 199.032,					
24 25 29 29 9. Name and Address of Current Registered Agent					30		Florida Stati		Yes No		
<u> </u>	9. Name a	nd Address of Cu	rrent Registered Ager	it	81	10. Name and Address of New Registered Agent					
SABELLI, ANN 6939 N-WICKHAM ROAD- MELBOURNE FL-92940						Street A	Parilyn / Address (P.O. Box Num	First St	0 	2 Code	
					84		coa Bount	•		Code	
11. Pursuant	to the provision	ns of Sections 617.	0502 and 617 1508, Fig	orida Statuto	s, the above	-named o	corporation submits thi	s statement for the pi	urpose 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 Society Socie											
SIGNATURE .	\mathcal{\nu}	unlen		سيع	السبيه		required when reinstating)		5-/5-97 DATE	I	
12.		OFFICERS	AND DIRECTORS	U	13.		ADDITIONS/0	CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	PD		U	DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	OWENS,				1.2 NAME						
STREET ADDRESS		odbine dr			1.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO) FL	·		1.4 CITY - ST	- ZIP	· · · · · · · · · · · · · · · · · · ·				
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NAME	DUNKUN				2.2 NAME						
STREET ADDRESS		ATLANTIC AVE. 1	F204		2.3 STREET	ADDRESS					
CITY-ST-ZIP		BEACH FL		AC) CTC	2 4 CITY-S	I - ZIP					
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l	1				4.3 STREET	ADDRESS	Can Ban	15/330			
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NAME				PEUL IL	5.1 TITLE 5.2 NAME				Change	Addition	
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I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 Sum Dunkling