

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743329 (5)**

1. Corporation Name  
**SEVILLE CONDOMINIUM RESIDENCES OF COCOA BEACH, I NC.**

Principal Place of Business <b>1700 S ATLANTIC AVE.                  COCOA BEACH FL 32931</b>	Mailing Address <b>1700 S ATLANTIC AVE.                  COCOA BEACH FL 32931</b>
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3. Date Incorporated or Qualified  
**06/20/1978**

4. FEI Number  
**59-1947658**

Applied For  Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

**RIGERMAN, MARLYN A  
 200 NORTH FIRST STREET  
 COCOA BEACH FL 32931**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS, PAUL	
STREET ADDRESS	5826 WOODBINE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DUNKLING, SAM	
STREET ADDRESS	1700 S. ATLANTIC AVE. #204 <sup>305</sup>	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WICHLICZ, JAMES	
STREET ADDRESS	1700 S ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	Dir.	<input type="checkbox"/> DELETE
NAME	Marietta J. White	
STREET ADDRESS	1700 S. ATLANTIC AV. #204	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	Spec. Dir.	<input type="checkbox"/> DELETE
NAME	Jim Freeman	
STREET ADDRESS	240 M STREET SW E712	
CITY-ST-ZIP	Washington, D.C. 20024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Marietta J. White, Director* 04/17/98 (704) 783-5854

CR2E037 (10/97)