


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743329</b> 1. Entity Name SEVILLE CONDOMINIUM RESIDENCES OF COCOA BEACH, INC.	
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Principal Place of Business 1700 S ATLANTIC AVE. COCOA BEACH FL 32931	Mailing Address 1700 S ATLANTIC AVE. COCOA BEACH FL 32931
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MOORE CR2E037 (11/03)

2. Principal Place of Business  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State	4. FEI Number <b>59-1947658</b>
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RIGERMAN, MARILYN A</b> <b>200 NORTH FIRST STREET</b> <b>COCOA BEACH FL 32931</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DP BULLANBENI, FRANK <input type="checkbox"/> Delete 1700 S ATLANTIC AVE COCOA BEACH FL 32931
TITLE	TD BRUMBAUGH, ROBERT <input type="checkbox"/> Delete 1700 S ATLANTIC AVE COCOA BEACH FL 32931
TITLE	DS HAWKINS, DONALD <input type="checkbox"/> Delete 1700 S ATLANTIC AVE COCOA BEACH FL 32-9321
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000059175
STREET ADDRESS	02/20/04-80071-003 61.25
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 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: <i>F. Ballantoni</i> <b>F. Ballantoni</b>	Date: <b>2-18-04</b>	Daytime Phone #: <b>301 784-1387</b>
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