2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90090 036 ****61.25

DOCUMENT # 750849

1. Entity Name
SEVILLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2596-2600 TULANE AVE.
DAYTONA BEACH, FL 32118

Mailing Address
~~55 LONGWOOD DRIVE~~ 339 CORNELL DR
~~ORMOND BEACH, FL 32176~~ DAYTONA BCH

100078815

03252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2036362
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~A1A TAX & BOOKKEEPING INC~~
~~55 LONGWOOD DR.~~
~~ORMOND BEACH, FL 32176~~
Angie Hedberg
339 Cornell Dr.
Daytona Fl.
32718

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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 _____ 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VICE PRES
NAME	~~GRIFAS, MICHAEL~~ CHERYL ROGEL
STREET ADDRESS	2600 TULANE AVE., #8 914 ROLLINS AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118 ORMOND BCH 32176
TITLE	SECRETARY
NAME	~~SIMS, LENA~~ LENA SIMS
STREET ADDRESS	2600 TULANE AVE, #9
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	~~ST PRES~~
NAME	~~LEATHEN, SARA~~ Angie Hedberg
STREET ADDRESS	~~2600 TULANE AVE, #12~~ 339 Cornell Dr
CITY-ST-ZIP	~~DAYTONA BEACH, FL 32118~~ Daytona Fl 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/28/05 673 3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #