
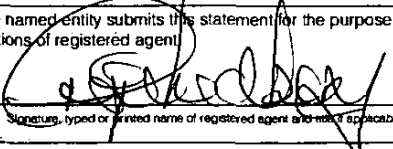
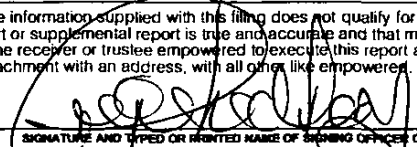


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90038 006 ****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 339 CORNELL DR DAYTONA BEACH, FL 32118		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent HEDBERG, ANGIE 339 CORNELL DR DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits the 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 not applicable.</small>		ANGIE HEDBERG 1/6/06 <small>(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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT, CHERYL <input type="checkbox"/> Delete 914 ROLLINS AVE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERYL ROBEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NOT ROBERT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMS, LENA <input checked="" type="checkbox"/> Delete 2600 TULANE AVE, #9 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN HALCOMB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HALCOMB #8 SAME ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEDBERG, ANGIE <input checked="" type="checkbox"/> Delete 339 CORNELL DR DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN VALENTINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 914 ROLLINS AVE ORMOND FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/6/06 (386) 673 3887 <small>Date Daytime Phone #</small>			