


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 017 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2036362	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE VP	NAME ROBEL, CHERYL		<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS 914 ROLLINS AVE	CITY-ST-ZIP ORMOND BEACH, FL 32176		TITLE VP		
NAME HALCOMB, SUSAN		<input type="checkbox"/> Delete		NAME BARBARA STITZER	
STREET ADDRESS 2600 TULANE AVENUE SUITE 8		CITY-ST-ZIP DAYTONA BEACH FL 32118		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P		<input type="checkbox"/> Delete		STREET ADDRESS 337 EMORY DR	
NAME VALENTINE, JOHN		CITY-ST-ZIP ORMOND BEACH, FL 32176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		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: _____				1/9/07 386 673 3887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	