


**2004 NOT-FOR-PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002878**


1. Entity Name  
SEVILLE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
618 E. GOVERNMENT ST  
PENSACOLA, FL 32501

Mailing Address  
618 E. GOVERNMENT ST  
PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**



06172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3706222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON ESQ.  
SUNTRUST TOWER, 9TH FLOOR  
220 WEST GARDEN ST.  
PENSACOLA, FL 32501

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IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

U00000171541  
09/02/04-80005-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORTALL, WILMA W 618 GOVERNMENT ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARE, DEWEY W 624 EAST GOVERNMENT ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FABRE, FRANK J 199 GREGORY SQUARE PENSACOLA, FL 32501
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Dewey W. Ware Secretary Treasurer* **8/17/04 850-436-2990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #