


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00663</b> 1. Entity Name CLUB SEVILLA CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 4646 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746-5319	Mailing Address 4646 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746-5319
--	--

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2364413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SLAMAN, ROBERT A  
4646 W. IRLO BRONSON MEM. HWY  
KISSIMMEE, FL 34746

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREGIEL, PATRICK 1000 MERWIN ROAD NEW KENSINGTON, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URSINI-KRANTZ, JOSEPHINE 4833 BERRYWOOD ROAD VIRGINIA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEYDE, RICK RR 1, BOX 213 KENTLAND, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HICKS, CYNTHIA 5602 BLUE SHADOW COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ECKERT, ERNEST 300 SOUTH 2ND LEHIGHTON, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000267205  
03/17/05-80059-025 61.25

**DO NOT WRITE  
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)(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: Josephine Ursini Krantz 3/7/05 757-495-3577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPHINE URSINI KRANTZ, PRESIDENT