

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N00663

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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2364413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000715284
04/27/07-80057-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07 407-396-8800