

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008504

FILED
Apr 16, 2010
Secretary of State

Entity Name: SEVILLA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

New Principal Place of Business:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

Current Mailing Address:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-3759284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELLES, BOB
C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BRUN, GARY
Address: 10501 SEVILLE DR #102
City-St-Zip: FORT MYERS, FL 33912

Title: SEC
Name: VAN VOLKOM, MARIAN
Address: 10502 SAVILLA DR., #102
City-St-Zip: FORT MYERS, FL 33913

Title: T
Name: WERLINICH, DOUGLAS
Address: 10505 SEVILLA DR # 101
City-St-Zip: FORT MYERS, FL 33912

Title: P
Name: VAN BUSKIRK, RICHARD
Address: 10511 SEVILLA DR #201
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: WIND, WILLIAM
Address: 10507 SEVILLA DR #201
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GELLES

CAM

04/16/2010

Electronic Signature of Signing Officer or Director

_____ Date