


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N07019	
1. Entity Name SEVILLE BAYFRONT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32501	Mailing Address 534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2644631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, ANNIE 534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32502	DO NOT WRITE IN THIS SPACE
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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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAAS, PAT 534 E ZARRAGOSSA ST #8 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD HALSETH, BRINDA 534 E ZARRAGOSSA ST, # 5 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MITCHELL, CLAY 534 E ZARRAGOSA ST #6 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PIERSON, SUSAN 534 E. ZARRAGOSA ST. #7 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/16/08-80014-021 61.25

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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: *Pet Haas* **Pet Haas** **1-9-08 (850) 4384444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #