2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07019

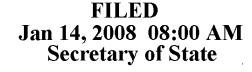
SEVILLE BAYFRONT HOMEOWNERS ASSOCIATION. INC.

Principal Place of Business

534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32501

Mailing Address

534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32501





01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2644631 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANNIE 534 E. ZARRAGOSA ST., #4 PENSACOLA, FL 32502

				TO SPACE
the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE; Registered	d Agent signature required when reinstating)	DATE
•	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAAS, PAT 534 E ZARRAGOSSA ST #8 PENSACOLA, FL 32502			the first of the first of the second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD HALSETH, BRINDA 534 E ZARRAGOSSA ST, # 5 PENSACOLA, FL 32502		gradien de Marie (1995) Marie (1996) Marie (1996)	U00000783439 01/16/08-80014-021 61.25
TITLE "NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, CLAY 534 E ZARRAGOSA ST #6 PENSACOLA, FL 32501		DÖ	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERSON, SUSAN 534 E. ZARRAGOSA ST. #7 PENSACOLA, FL 32501			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE			•	

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 attackment with an address, with all other like ampowered.

STREET ADDRESS CITY-ST-ZIP