

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90019 021 \*\*\*\*61.25

**DOCUMENT # N08459**

1. Entity Name

SEVILLE COURT RESIDENTS' ASSOCIATION, INC.



Principal Place of Business

403 N.E. 4TH AVE  
HALLANDALE FL 33009  
US

Mailing Address

409 N.E. 4 COURT  
HALLANDALE FL 33009  
US

54023080



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

ROBIN LAVOIE  
Suite, Apt. #, etc.  
338 CEDAR ST

Suite, Apt. #, etc.

City & State

City & State  
HALLANDALE, FL.

Zip

Country

Zip  
33009

Country  
US

4. FEI Number

NO-T APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIROIS, RAYMOND~~  
~~409 NE 4TH ST~~  
~~HALLANDALE FL 33009~~

Name  
ROBIN LAVOIE

Street Address (P.O. Box Number is Not Acceptable)

338 CEDAR - ST.

City  
HALLANDALE

FL

Zip Code  
33009

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

ROBIN LAVOIS, TREASURER. Robin Lavoie

March 23/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VACHON, REAL 421 NE 51 STREET HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIROIS, RAYMOND 409 5TH ST HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESFOSSES, DIANE 409 5TH ST HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURNOYER, JACQUES 350 MAPLE ST HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE PELLE, DOLORES 338 MAPLE ST NE HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAYMOND-SIROIS 409 N.E. 4 COURT HALLANDALE, FL, 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HENRIETTE BOUCHER 409 N.E. MAPLE, ST. HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBIN LAVOIS 338 CEDAR ST HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. ROLAND GENDRON 326 N.E. 5TH - ST HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BERTRAND LAFONTAINE 346 MAPLE ST. HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robin Lavoie

March 23/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #