


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 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 ROBIN LAVOIE 338 CEDAR ST. HALLANDALE, FL 33009 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAVOIE, ROBIN LAVOIE 338 CEDAR ST. 401-5TH, STREET HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOUCHER, HENRIETTE	NAME			
STREET ADDRESS	409 NE MAPLE ST.	STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIROIS, RAYMOND	NAME			
STREET ADDRESS	409 NE 4 COURT	STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVOIE, ROBIN	NAME	LAVOIE - ROBIN		
STREET ADDRESS	338 CEDAR ST.	STREET ADDRESS	401-5TH, STREET		
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GENDRON, ROLAND	NAME	RACINE - NORMAN		
STREET ADDRESS	326 NE 5TH ST.	STREET ADDRESS	341-N.E. 4-COURT		
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAFONTAINE, BERTRAND	NAME			
STREET ADDRESS	346 MAPLE ST.	STREET ADDRESS			
CITY-ST-ZIP	OHALLANDALE, FL 33009	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUCHON, JULIEN	NAME	TRUCHON - JULIEN		
STREET ADDRESS	318 NE 5TH ST	STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP			
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: <i>Robin Lavoie</i>		Date: 7 JAN 06		Daytime Phone #: 954-454-0251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					