

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08459

FILED
Jan 24, 2007
Secretary of State

Entity Name: SEVILLE COURT RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

ROBIN LAVOIE
338 CEDAR ST.
HALLANDALE, FL 33009 US

New Mailing Address:

ROBIN LAVOIE
401 5 TH ST
HALLANDALE, FL 33009 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVOIE, ROBIN
401-5TH ST.
HALLANDALE, FL 33009 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: S () Delete
Name: BOUCHER, HENRIETTE
Address: 409 NE MAPLE ST.
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: SIROIS, RAYMOND
Address: 409 NE 4 COURT
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: LAVOIE, ROBIN
Address: 401-5TH ST.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: RACINE, NORMAN
Address: 341-NE 4-CT
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LAFONTAINE, BERTRAND
Address: 346 MAPLE ST.
City-St-Zip: OHALLANDALE, FL 33009

Title: VP (X) Delete
Name: TRUCHON, JULIEN
Address: 318 NE 5TH ST
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CORBEIL, CLAUDETTE
Address: 429 NE 5TH ST
City-St-Zip: HALLANDALE, FL 33009

Title: P (X) Change () Addition
Name: TRUCHON, JULIEN
Address: 318 NE 5TH ST
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LAFONTAINE, BERTRAND
Address: 346 MAPLE ST.
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN LAVOIE

T

01/24/2007

Electronic Signature of Signing Officer or Director

Date