


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

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90026 023 \*\*\*\*61.25

<b>DOCUMENT # N20733</b>			
1. Entity Name SEVILLE PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13358 SW 128 STREET MIAMI FL 33186		Mailing Address 13358 SW 128 STREET MIAMI FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2669560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  PADRON, JOSEPH CPA 13358 SW 128 STREET MIAMI FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUESADA, YOLANDA 8222 NW 191 LANE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOLANDA QUESADA PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8222 NW 191 LN MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYCANT, MARIO 19150 NW 82 CIR COURT MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIO AYCANT DELEGATE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19150 NW 82 CIR COURT MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, ANDREA 8217 NW 191 LANE MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAGO BENTO MATAS VICE PRESIDENT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8250 NW 191 LN MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, MADELYN 8209 NW 191 LANE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GROSS MADELYN TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8209 NW 191 LANE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRERO, ROSA 8203 NW 191 LANE MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE BRANCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8210 NW 191 LN MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:**  **PRESIDENT** **2-20-04** **305 8298363**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #