2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90242 030 ****61.25 **DOCUMENT # N20733** SEVILLE PLACE CONDOMINIUM ASSOCIATION, INC. 4 II UOUII -Principal Place of Business Mailing Address 12301 SW 132ND CT 12301 SW 132ND CT MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 59-2669560 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARIBBEAN PROPERTY MGMT. 12301 SW 132ND CT MIAMI, FL 33186 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 the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Р Addition TITLE ☐ Delete TITLE ☐ Change Āna Alonso ARVELO, FRANK NAME NAME 8215 NW 191 LM 19127 NW 191 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33015 Addition D Delete ☐ Change TITLE TITLE AGUIRRE, ALEJANDRO NAME NAME 8211 NW 191 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE ALONSO, ANA NAME NAME STREET ADDRESS 8215 NW 191 LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☐ Addition TITI È TITLE ☐ Delete BARRIONUEVO, ALEJANDRO NAME NAME STREET ADDRESS 8210 NW 191 LN STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Date

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20733 1. Entity Name SEVILLE PLACE CONDOMINIUM ASSOCIATION, INC.							ATTACHMENT	
Principal Place of Business Mailing Address 12301 SW 132ND CT 12301 SW 132ND CT MIAM!, FL 33186 MIAM!, FL 33186							40065771	
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address				40000111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03052007 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number Applied For 59-2669560 Not Applicable		
Zip		Country	Zip (ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CARIBBEAN PROPERTY MGMT,						ŠΚR	RLD, Jnc.	
12301 SW 132ND CT Street Addres						dress (F	P.O. Box Number is Not Acceptable)	
MIAMI, FL 33186					Suite 1102			
•	City						FL ZigCad 94	
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or	registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.								
SIGNATURE Lisa Lerner, Secretary 4/12/07								
Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when (binstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Finance Trust Fund Contribution.							\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIR							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	ARVELO,	FRANK	☐ Delete	TITLE		And	a Alonso Change Daddition	
STREET ADORESS CITY-ST-ZIP					T ADORESS ST-ZIP	82	215 NW 191 LM Jami FL 33015	
TITLE	D		Uelete	TITLE			Change Latifilition	
NAME	AGUIRRE, ALEJANDRO ADDRESS 8211 NW 191 LANE		NAA OTO			Alc	Tandra Aguirre	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP	8	ZII NW 191 UT	
TITLE	Т		Delete	TITLE			Change Addition	
NAME Street adoress	ALONSO, 8215 NW			NAMÉ	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL				ST-ZIP			
TIFLE	D		☐ Deiete	TITLE			Change Addition	
NAME Street address	BARRION B210 NW	IUEVO, ALEJANDRO 191 I N		NAME Stree	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL				ST-ZIP			
TITLE			☐ Detete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS				NAME STREE	T ADDRESS			
CITY-ST-ZIP				CITY-:	ST-ZIP			
TITLE NAME			☐ Delete	TITLE NAMÉ			☐ Change ☐ Addition	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				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: 4/12/07								
JIGNAI	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devictor Proce #							