

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

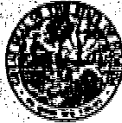
**APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandrine B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21508 (9)**

1. Corporation Name  
**SEVILLA CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1800 SEVILLA BLVD. ATLANTIC BEACH FL 32233		1800 SEVILLA BLVD. ATLANTIC BEACH FL 32233	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>07/09/1987</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-2146076</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGOSHESKE, KENNETH C 1810 SEVILLA BLVD. #306 ATLANTIC BEACH FL 32233				81 Name	Breckinridge, David T.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1810 Sevilla Blvd		
				83	# 105		
				84 City	Atlantic Beach,	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: D. Breckinridge D. Breckinridge Jan. 18, 1995  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGOSHESKE, KENNETH C	1.2 NAME	Breckinridge, David T.
STREET ADDRESS	1810 SEVILLA BLVD #306	1.3 STREET ADDRESS	1810 Sevilla Blvd #105
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP	Atlantic Beach, Fl. 32233
TITLE	PD	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, ALENE	2.2 NAME	Mullins, Hal
STREET ADDRESS	1820 SEVILLA BLVD #104	2.3 STREET ADDRESS	1810 Sevilla Blvd #203
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	Atlantic Beach, Fl. 32233
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMBACH, BARBARA C	3.2 NAME	Brumbach, Barbara C.
STREET ADDRESS	1630 SEVILLA BLVD #309	3.3 STREET ADDRESS	1830 Sevilla Blvd #309
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	Atlantic Beach, Fl. 32233
TITLE	VD	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECKINRIDGE, DAVID	4.2 NAME	Libert, William
STREET ADDRESS	1810 SEVILLA BLVD #105	4.3 STREET ADDRESS	1820 Sevilla Blvd #310
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	Atlantic Beach, Fl. 32233
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Blackburn, Alene
STREET ADDRESS		5.3 STREET ADDRESS	1820 Sevilla Blvd #104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlantic Beach, Fl. 32233
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Breckinridge D. Breckinridge, President Jan. 18, 1995  
(Signature and typed name of signing officer or director)