

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N21508** (9)

1. Corporation Name

**SEVILLA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1800 SEVILLA BLVD.  
ATLANTIC BEACH FL 32233

1800 SEVILLA BLVD.  
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified  
**07/09/1987**

3a. Date of Last Report  
**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
**59-2146076**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRECKINRIDGE, DAVID T.**  
1810 SEVILLA BLVD.  
#105  
ATLANTIC BEACH FL 32233

81 Name  
**Kenneth C. Rogosheske**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1810 Sevilla Blvd., #306**  
83 City  
**Atlantic Beach FL 32233**  
84 State  
**FL**  
85 Zip Code  
**32233**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **KENNETH C. ROGOSHESKE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/11/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD BRECKINRIDGE, DAVID C**  
STREET ADDRESS **1810 SEVILLA BLVD #105**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

1.1 TITLE **President D**  Change  Addition  
1.2 NAME **Wangerin, C. J.**  
1.3 STREET ADDRESS **1810 Sevilla Blvd., #301**  
1.4 CITY-ST-ZIP **Atlantic Beach FL 32233**

TITLE  DELETE  
NAME **D BLACKBURN, ALENE**  
STREET ADDRESS **1820 SEVILLA BLVD #104**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

2.1 TITLE **Vice President D**  Change  Addition  
2.2 NAME **Martin, G. E.**  
2.3 STREET ADDRESS **1810 Sevilla Blvd., #204**  
2.4 CITY-ST-ZIP **Atlantic Beach FL 32233**

TITLE  DELETE  
NAME **SD BRUMBACH, BARBARA C**  
STREET ADDRESS **1830 SEVILLA BLVD #309**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

3.1 TITLE **Treasurer D**  Change  Addition  
3.2 NAME **Rogosheske, Kenneth C.**  
3.3 STREET ADDRESS **1810 Sevilla Blvd., #306**  
3.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE  DELETE  
NAME **T LIBERT, WILLIAM**  
STREET ADDRESS **1820 SEVILLA BLVD. #310**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

4.1 TITLE **Asst. Treasurer D**  Change  Addition  
4.2 NAME **Libert, William**  
4.3 STREET ADDRESS **1820 Sevilla Blvd., #310**  
4.4 CITY-ST-ZIP **Atlantic Beach FL 32233**

TITLE  DELETE  
NAME **V MULLINS, HAL**  
STREET ADDRESS **1800 SEVILLA BLVD. #203**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: **Barbara C. Brumbach**

**Barbara C. Brumbach**

**2-11-96 904/241-8721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)