

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1800 SEVILLA BLVD. ATLANTIC BEACH FL 32233	Mailing Address 1800 SEVILLA BLVD. ATLANTIC BEACH FL 32233-5622
--	---

3. Date Incorporated or Qualified 07/09/1987	3a. Date of Last Report 03/06/1996
4. FEI Number 59-2146076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ROGOSHESKE, KENENTH C.
1810 SEVILLA BLVD
SUITE 306
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WANGERIN, C.J.	
STREET ADDRESS	1810 SEVILLA BLVD #301	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, G.E.	
STREET ADDRESS	1810 SEVILLA BKVD #204	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUMBACH, BARBARA C	
STREET ADDRESS	1830 SEVILLA BLVD #309	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGOSHESKE, KENNETH C.	
STREET ADDRESS	1810 SEVILLA BLVD #306	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	LIBERTY, WILLIAM	
STREET ADDRESS	1820 SEVILLA BLVD #310	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTIN, G.E.	
1.3 STREET ADDRESS	1810 SEVILLA BLVD #204	
1.4 CITY-ST-ZIP	ATLANTIC BEACH FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MULLINS, HAROLD E.	
2.3 STREET ADDRESS	1810 SEVILLA BLVD #203	
2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: KENNETH C. ROGOSHESKE, TREAS **REQUIRED** **1/29/97** **904-249-4417**
Signature and typed or printed name of signing officer or director Date Daytime Phone 0006183

CR2E037 (9/96)