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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21508

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/09/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2146076
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRECKINRIDGE, DAVID 1810 SEVILLA BLVD STE 105 ATLANTIC BEACH FL 32233	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLSON, CHARLES L		1.2 NAME Harold E. Mullins	
STREET ADDRESS 1830 SEVILLA BLVD, STE 209		1.3 STREET ADDRESS 1810 Sevilla Blvd Ste 203	
CITY-ST-ZIP ATLANTIC BEACH FL 32233		1.4 CITY-ST-ZIP Atlantic Beach, Fl. 32233	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROFT, ROBERT W		2.2 NAME O'Malley, Brian P.	
STREET ADDRESS 1830 SEVILLAA BLVD. STE 109		2.3 STREET ADDRESS 1820 Sevilla Blvd Ste 309	
CITY-ST-ZIP ATLANTIC BEACH FL 32233		2.4 CITY-ST-ZIP Atlantic Beach, Fl. 32233	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUMBACH, BARBARA C		3.2 NAME	
STREET ADDRESS 1830 SEVILLA BLVD #309		3.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTIC BEACH FL 32233		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRECKINRIDGE, DAVID		4.2 NAME	
STREET ADDRESS 1810 SEVILLA BLVD, STE 105		4.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTIC BEACH FL 32233		4.4 CITY-ST-ZIP	
TITLE AT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE AT AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRECKINRIDGE, VIRGINIA		5.2 NAME Rogosheske, Kenneth C.	
STREET ADDRESS 1810 SEVILLA BLVD, STE 105		5.3 STREET ADDRESS 1810 Sevilla Blvd Ste 306	
CITY-ST-ZIP ATLANTIC BEACH FL 32233		5.4 CITY-ST-ZIP Atlantic Beach, Fl. 32233	
TITLE	<input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *David Breckinridge* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)