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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 # N23102

1. Corporation Name

CLUB SEVILLA II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4646 W IRLO BRONSON MEMORIAL HWY
KISSIMEE FL 34746-5319

Mailing Address

4646 W IRLO BRONSON MEMORIAL HWY
KISSIMEE FL 34746-5319



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/21/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2897414
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

SLAMAN, ROBERT A
4646 W. IRLO BRONSON MEM HWY
KISSIMEE FL 34746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FAUGHNAN, BARRY	1.2 NAME	
STREET ADDRESS	909 JAUQUES AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RAHWAY NJ	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOURLAM, RICHARD	2.2 NAME	
STREET ADDRESS	326 E BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAUMEE OH	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTY, KIM	3.2 NAME	
STREET ADDRESS	721 HOGUE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REESE, KENNETH	4.2 NAME	
STREET ADDRESS	12 GARDENIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD IS SC	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LATHAM, DONNA	5.2 NAME	
STREET ADDRESS	BOX 7244	5.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY GA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

419 893 8615

CR2E037 (11/98)