

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90504 016 ****61.25

DOCUMENT# N23102

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2897414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SDV** ☐ Delete
 NAME **FAUGHNAN, BARRY**
 STREET ADDRESS **909 JAUQUES AVE**
 CITY-ST-ZIP **RAHWAY NJ**

TITLE **SDV** ☒ Change ☐ Addition
 NAME **FAUGHNAN, BARRY**
 STREET ADDRESS **4646 W. IRLO BRONSON HWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **PD** ☐ Delete
 NAME **MOURLAM, RICHARD**
 STREET ADDRESS **326 E BROADWAY**
 CITY-ST-ZIP **MAUMEE OH**

TITLE **D** ☒ Change ☐ Addition
 NAME **MOURLAM, RICHARD**
 STREET ADDRESS **4646 W. IRLO BRONSON HWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **VDT** ☐ Delete
 NAME **MCCARTY, KIM**
 STREET ADDRESS **721 HOGUE RD**
 CITY-ST-ZIP **EVANSVILLE IN**

TITLE **VDT** ☒ Change ☐ Addition
 NAME **MCCARTY, KIM**
 STREET ADDRESS **4646 W. IRLO BRONSON HWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **VD** ☐ Delete
 NAME **REESE, KENNITH**
 STREET ADDRESS **12 GARDENIA ST**
 CITY-ST-ZIP **HILTON HEAD IS SC**

TITLE **PD** ☒ Change ☐ Addition
 NAME **REESE, KENNITH**
 STREET ADDRESS **4646 W. IRLO BRONSON HWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **VD** ☐ Delete
 NAME **LATHAM, DONNA**
 STREET ADDRESS **BOX 7244**
 CITY-ST-ZIP **GARDEN CITY GA**

TITLE **VD** ☒ Change ☐ Addition
 NAME **LATHAM, DONNA**
 STREET ADDRESS **4646 W. IRLO BRONSON HWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

3/8/2001 (407)396-8800

Date

Daytime Phone #

CR2E037 (10/00)