

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

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**



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAUGHNAN, BARRY
STREET ADDRESS 4646 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMEE, FL 34746

TITLE VD
NAME MOURLAM, RICHARD
STREET ADDRESS 4646 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMEE, FL 34746

TITLE VDT
NAME MCCARTY, KIM
STREET ADDRESS 4646 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMEE, FL 34746

TITLE VD
NAME REESE, KENNITH
STREET ADDRESS 4646 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMEE, FL 34746

TITLE VS
NAME LATHAM, DONNA
STREET ADDRESS 4646 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000266134
03/17/05-80018-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/4/05
Date

407-498-5172
Daytime Phone #