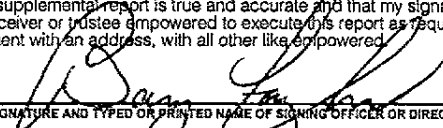


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SLAMAN, ROBERT A 4646 W. IRLO BRONSON MEM HWY KISSIMMEE, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUGHNAN, BARRY 4646 W. IRLO BRONSON HWY KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOURLAM, RICHARD 4646 W. IRLO BRONSON HWY KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MCCARTY, KIM 4646 W. IRLO BRONSON HWY KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REESE, KENNITH 4646 W. IRLO BRONSON HWY KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LATHAM, DONNA 4646 W. IRLO BRONSON HWY KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		Date: <u>4/15/06</u> Daytime Phone # _____



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2897414	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

UD00000403795
02/06/06-811021-019 61.25

**DO NOT WRITE
IN THIS SPACE**