2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N23102

1. Entity Name
CLUB SEVILLA II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4646 W IRLO BRONSON MEMORIAL HWY KISSIMEE, FL 34746-5319	4646 W IRLO BRONSON MEMORIAL HWY KISSIMEE, FL 34746-5319

DO NOT WRITE IN THIS SPACE

04082008 No Chg-NP CR2E037 (4/06)

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
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 _____ DATE
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, 2008

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	KISSIMMEE, FL 34746
TITLE	VD
NAME	MOURLAM, RICHARD
STREET ADDRESS	4646 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VDT
NAME	MCCARTY, KIM
STREET ADDRESS	4646 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VD
NAME	REESE, KENNITH
STREET ADDRESS	4646 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VS
NAME	LATHAM, DONNA
STREET ADDRESS	4646 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000945913
05/30/08-80027-014 $1.25

DO NOT WRITE IN THIS SPACE

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: Barry Faughnan 4/9/08 407-498-5172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #