

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90093 022 ****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

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

7. Name and Address of New Registered Agent

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. 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 677, 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 REQUIRED

Barry Faughnan 2/26/03 407-498-5172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)