

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 042 ****61.25

DOCUMENT # N27169 1. Entity Name SEVILLE AT CENTER GATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243 US			Mailing Address DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0104874 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P DYE, NEDRA <input checked="" type="checkbox"/> Delete 4349 MARCOTT CIRCLE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSE, STEVE <input type="checkbox"/> Delete 4326 MARCOTT CIRCLE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREGORY, GENE <input type="checkbox"/> Delete 4334 MARCOTT CIRCLE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIKPLA, CAROL <input checked="" type="checkbox"/> Delete 4350 MARCOTT CIRCLE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, BETTE <input type="checkbox"/> Delete 4345 MARCOTT CIRCLE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WELLS, TOM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4354 MARCOTT CIRCLE SARASOTA FL 34233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P ROSE, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4326 MARCOTT CIRCLE SARASOTA FL 34233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MAGNUM, GENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4325 MARCOTT CIRCLE SARASOTA FL 34233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V STALKER, BETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4345 MARCOTT CIRCLE SARASOTA FL 34233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 lists empowered.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-26-08 Daytime Phone # 941-379-5355					