

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27169

FILED
Apr 24, 2009
Secretary of State

Entity Name: SEVILLE AT CENTER GATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

DELLCOR MANAGEMENT
310 PEARL AVENUE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

DELLCOR MANAGEMENT
310 PEARL AVENUE
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 65-0104874 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELLCOR MANAGEMENT, INC.
310 PEARL AVENUE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, TOM
Address: 4354 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: ROSE, STEVE
Address: 4326 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: GREGORY, GENE
Address: 4334 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: MAGNUM, GENE
Address: 4325 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: V () Delete
Name: STALKER, BETTE
Address: 4345 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KLEVICKIS, MARCIA
Address: 4312 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GUSTAFSON, BONNIE
Address: 4306 MARCOTT CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE MAGNUM

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date