


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003743</b>	
1. Entity Name <b>SEVILLE GOLF COMMUNITY ASSOCIATION, INC.</b>	

Principal Place of Business <b>18200 SEVILLE CLUBHOUSE DR BROOKSVILLE, FL 34614</b>	Mailing Address <b>18200 SEVILLE CLUBHOUSE DR BROOKSVILLE, FL 34614</b>
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01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number <b>59-3199614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COCCHI, JAMES V 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAKER, JUDI 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, MICHAEL 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000391240  
01/24/06-80032-018 61.25

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:** Judi Saker **JUDI SAKER TREASURER** 1-20-06 352-596-7889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #