

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003743

FILED
Apr 29, 2009
Secretary of State

Entity Name: SEVILLE GOLF COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

18200 SEVILLE CLUBHOUSE DR
BROOKSVILLE, FL 34614

New Principal Place of Business:

Current Mailing Address:

18200 SEVILLE CLUBHOUSE DR
BROOKSVILLE, FL 34614

New Mailing Address:

FEI Number: 59-3199614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMANN, CAMILLE O
3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410 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: TD () Delete
Name: SAKER, JUDI
Address: 18200 SEVILLE CLUBHOUSE DRIVE
City-St-Zip: BROOKSVILLE, FL 34614

Title: D () Delete
Name: HOFFMANN, CAMILLE O
Address: 3801 PGA BLVD., SUITE 901
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAKER, JUDI
Address: 18200 SEVILLE CLUBHOUSE DRIVE
City-St-Zip: BROOKSVILLE, FL 34614

Title: PSTD (X) Change () Addition
Name: HOFFMANN, CAMILLE O
Address: 3801 PGA BLVD., SUITE 901
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Change (X) Addition
Name: ROBINSON, RICHARD M
Address: 3801 PGA BLVD., SUITE 901
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: CAMILLE O. HOFFMANN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date