

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002220

FILED
Apr 12, 2006
Secretary of State

Entity Name: SEVILLE VILLAGE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

270 PARK DR
SEVILLE, FL 32190

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 508
SEVILLE, FL 321900508

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRVIN, SUAL
2015 N. HWY 17
PO BOX 508
SEVILLE, FL 321907845 US

Name and Address of New Registered Agent:

DAVIS, TAMI
270 PARK DR
PO BOX 508
SEVILLE, FL 32190 US

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: TAMI DAVIS

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRVIN, SAUL
Address: 2015 N HWY 17
City-St-Zip: SEVILLE, FL 32190

Title: VD () Delete
Name: HISDOCK, DAN
Address: 185 PAULDING ST.
City-St-Zip: SEVILLE, FL 32190

Title: SD () Delete
Name: CROSS, ELAINE
Address: 629 LAWSON RD.
City-St-Zip: SEVILLE, FL 32190

Title: TD () Delete
Name: IRVIN, SAUL
Address: 2015 N. HWY 17 SEVILLE
City-St-Zip: SEVILLE, FL 32190

Title: TD (X) Delete
Name: ALEXANDER, WILLIE
Address: 2019 FOREST ST., P.O. BOX 24
City-St-Zip: SEVILLE, FL 32190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IRVIN, SAUL
Address: 2015 N HWY 17
City-St-Zip: SEVILLE, FL 32190

Title: V (X) Change () Addition
Name: HISCOCK, DAN
Address: 185 PAULDING ST.
City-St-Zip: SEVILLE, FL 32190

Title: S (X) Change () Addition
Name: YOUNGBLOOD, CAROL
Address: PO BOX 476
City-St-Zip: SEVILLE, FL 32190

Title: T (X) Change () Addition
Name: DAVIS, TAMI
Address: 142 NOLAN RD
City-St-Zip: PIERSON, FL 32180

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMI DAVIS

T

04/12/2006

Electronic Signature of Signing Officer or Director

Date