

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006001

FILED
Apr 05, 2004
Secretary of State**Entity Name:** SEVILLE CHASE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-3432020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 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:** PD () Delete
Name: SILVER, ANDREW
Address: 154 SEVILLE CHASE DR.
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** VD () Delete
Name: FORD, WILLIAM J
Address: 101 SEVILLE CHASE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** SD () Delete
Name: FISHER, JANET
Address: 609 VIANA CT.
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** TD () Delete
Name: WILLIS, STEPHEN
Address: 203 ALEGRE COURT
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** SD () Delete
Name: SELDEN, JAN
Address: 207 ALEGRE CT.
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: FORD, WILLIAM J
Address: 101 SEVILLE CHASE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SELDEN, JAN
Address: 207 ALEGRE CT.
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW SILVER

PD

04/05/2004

Electronic Signature of Signing Officer or Director_____
Date