

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006001

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SEVILLE CHASE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

498 PALM SPRING DR  
SUITE 235  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

498 PALM SPRING DR  
SUITE 235  
ALTAMONTE SPRINGS, FL 32701

**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:**

BOYLE, JAMES W  
498 PALM SPRINGS DR #235  
2180 WEST SR 434, STE. 5000  
ALTAMONTE SPRINGS, FL 32701 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: VPD ( ) Delete  
Name: FORD, WILLIAM J  
Address: 101 SEVILLE CHASE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Delete  
Name: KIRBY, DALE  
Address: 122 SEVILLE CHASE DR  
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: D ( ) Delete  
Name: SELDIN, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: ANDREW SILVER

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date