

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90484 023 \*\*\*\*61.25

**DOCUMENT # N95000006001**

**1. Entity Name**  
**SEVILLE CHASE HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**

**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

**Mailing Address**

**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3432020**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779-5044**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | SELDIN, JAN             |                                            |
| STREET ADDRESS | 207 ALEGRE CT           |                                            |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32752 |                                            |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | FORD, WILLIAM J         |                                            |
| STREET ADDRESS | 101 SEVILLE CHASE DRIVE |                                            |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | YODER, WILLIAM E JR     |                                            |
| STREET ADDRESS | 503 SONATA COURT        |                                            |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                            |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | WILLIS, STEPHEN         |                                            |
| STREET ADDRESS | 203 ALEGRE COURT        |                                            |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | DEE, ROBERT             |                                            |
| STREET ADDRESS | 609 VIANA CT            |                                            |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Andrew Silver           |                                                                              |
| STREET ADDRESS | 154 Seville Chase Dr.   |                                                                              |
| CITY-ST-ZIP    | Winter Springs FL 32708 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Janet Fisher            |                                                                              |
| STREET ADDRESS | 609 Viana Ct.           |                                                                              |
| CITY-ST-ZIP    | Winter Springs FL 32708 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jan Seldin              |                                                                              |
| STREET ADDRESS | 207 Alegre Ct.          |                                                                              |
| CITY-ST-ZIP    | Winter Springs FL 32708 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

**12. I hereby certify that the information supplied with this filing does not qualify 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 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: X**

*Signature*

*Andrew Silver*

CR2E037 (10/02)