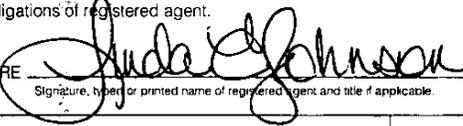


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 049 ****61.25

DOCUMENT # N98000003696			
1. Entity Name SEVILLA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 642 MICHIGAN AVE. MIAMI BEACH, FL 33139 US		Mailing Address 309 - 23RD STREET #300 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address PO Box 841437	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State P. Pines, FL	
Zip	Country	Zip	Country
33084	USA	33084	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGATTA REAL ESTATE MGMT., INC. 309 - 23RD STREET #300 MIAMI BEACH, FL 33139		Name <u>LJ Services Group</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		5810 Biscayne Blvd #1	
		City	Zip Code
		Miami Beach	FL 33139
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 		DATE <u>4/25/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, FELIX	NAME	
STREET ADDRESS	642 MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JESUS	NAME	
STREET ADDRESS	642 MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO, ROSSANO	NAME	
STREET ADDRESS	642 MICHIGAN AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE: <u>4/25/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40000000

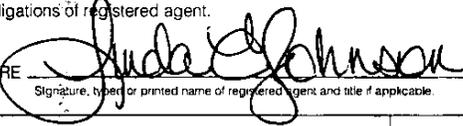


02032006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0846619 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name LJ Services Group
 Street Address (P.O. Box Number is Not Acceptable)
5810 Biscayne Blvd #1
 City Miami Beach FL Zip Code 33139

SIGNATURE 

DATE 4/25/06

Filing Fee is \$61.25
Due by May 1, 2006

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	
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NAME	PRADO, FELIX
STREET ADDRESS	642 MICHIGAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DT <input type="checkbox"/> Delete
NAME	FERNANDEZ, JESUS
STREET ADDRESS	642 MICHIGAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	

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SIGNATURE: 

DATE: 4/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #