

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21508

**Entity Name:** SEVILLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 SEVILLA BLVD.  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256

**FEI Number:** 59-2146076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CMC OF JACKSONVILLE  
7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LOVELAND, CINDY  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title DIR  
Name CARPENTIERI, BEATRICE  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name FEINDT, ALINE  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title DIR  
Name LEAK, FRED  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name KING, JOHN  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name STUDGEON, ELIZABETH  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name CLIFFORD, JOHN  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name GREGG, O C  
Address 7400 BAYMEADOWS WAY  
#317  
City-State-Zip: JACKSONVILLE FL 32256

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN KING

**PRESIDENT**

**03/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JONES, MICHAEL  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name ALTEE, EARLENE  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256