

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21508

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC7048498262**

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

**Current Principal Place of Business:**

225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32716

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-2146076

**Certificate of Status Desired:** No

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

VISTA CAM  
225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32716 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:** TINA YAMADA

02/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KING, JOHN F  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            VP  
Name            JONES, MIKE  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            SECRETARY  
Name            STUDGEON, ELIZABETH  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            TREASURER  
Name            CONTI, PETE  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            DIRECTOR  
Name            MADDALUNO, FRAN  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            DIRECTOR  
Name            KRUER, GEORGE  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            DIRECTOR  
Name            LOVELAND, CINDY  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            DIRECTOR  
Name            BROWNLEE, LYNETTE  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

**Continues on page 2**

*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

02/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SMITH, WILLIAM  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           GREGG, OTIS  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716