

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Aug 27, 2004 8:00 am
Secretary of State

08-17-2004 90002 017 ****61.25

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MOORE CR2E037 (4/04)

DOCUMENT # 713401 1. Entity Name THE FOUR SEASONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 SUNSET DRIVE FT. LAUDERDALE FL 33301			Mailing Address 333 SUNSET DRIVE FT. LAUDERDALE FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1196724 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent BECKER/POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE FL 33310				7. Name and Address of New Registered Agent 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 re-stating) DATE					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		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 NAME VILONE, ALFRED STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☒ Delete	TITLE PD NAME ROBERT LYNCH STREET ADDRESS 333. SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Change ☒ Addition		
TITLE D NAME ROTH, JOHN STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☒ Delete	TITLE VPD NAME ROBERT BUTLER STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Change ☒ Addition		
TITLE SD NAME BUNNELL, DIANNE STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
TITLE D NAME HANBURY, GEORGE III STREET ADDRESS 333 SUNSET DR CITY-ST-ZIP FT LAUDERDALE FL 33301	☒ Delete	TITLE D NAME JOAN MIRON STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Change ☒ Addition		
TITLE D NAME BJELAJAC, MARCY P STREET ADDRESS 333 SUNSET DRIVE CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
TITLE TD NAME BOWEN, IRVING STREET ADDRESS 333 SUNSET DR CITY-ST-ZIP FT LAUDERDALE FL 33301	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR T.H. Bowen		Date 8/25/04 Daytime Phone # 954-463-0644	