2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 746427

1. Entity Name

THE FOUR SEASONS CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

FILED
08 MAR -7 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

02/18/08 90055 002 $61.25

1st MOORE CR2E037 (10/07)

Principal Place of Business	Mailing Address
4 SEASONS CONDOMINIUM ASSOCIATION, IN 3799 S. BANANA RIVER BLVD. COCOA BEACH FL 32931 US	4 SEASONS CONDOMINIUM ASSOCIATION, IN 3799 S. BANANA RIVER BLVD. COCOA BEACH FL 32931 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1978855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, JOHN (ATTY)
1970 MICHIGAN AVE, BLDG C
P O BOX 236007
COCOA FL 32923

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, CARLTON 3799 S BANANA RIVER BLVD 912 COCOA BEACH FL 32931	☐ Delete	PATRICIA PETERSEN 3799 S. BANANA RIVER BLVD. #209 COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPORTA, DON 3799 S BANANA RIVER BLVD #1017 COCOA BEACH FL 32931	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNUPPELL, RON 3799 S BANANA RIVER BLVD #1014 COCOA BEACH FL 32931	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENNIGAN, CLAUDIA 3799 S BANANA RIVER BLVD, #806 COCOA BEACH FL 32931	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPECHA, LORRAINE 3799 S BANANA RIVER BLVD, #804 COCOA BEACH FL 32931	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

321-783-7008

SIGNATURE: Claudia Hennigan Claudia P. Hennigan 2/6/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #