2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 746427

Entity Name: THE FOUR SEASONS CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

Current Principal Place of Business:

4 SEASONS CONDOMINIUM ASSOCIATION, INC.
3799 S. BANANA RIVER BLVD.
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

4 SEASONS CONDOMINIUM ASSOCIATION, INC.
3799 S. BANANA RIVER BLVD.
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-1978855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SOILEAU, JOHN ATTY
1970 MICHIGAN AVE, BLDG C
COCOA, FL 32923 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: _____ 01/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EDWARDS, CARLTON	
Address:	3799 S BANANA RIVER BLVD 912	
City-St-Zip:	COCOA BEACH, FL 32931 US	
Title:	D	( ) Delete
Name:	PETERSEN, PATRICIA	
Address:	3799 S BANANA RIVER BLVD #209	
City-St-Zip:	COCOA BEACH, FL 32931 US	
Title:	D	( ) Delete
Name:	KNUPPELL, RON	
Address:	3799 S BANANA RIVER BLVD #1014	
City-St-Zip:	COCOA BEACH, FL 32931 US	
Title:	D	( ) Delete
Name:	HENNIGAN, CLAUDIA	
Address:	3799 S BANANA RIVER BLVD, #806	
City-St-Zip:	COCOA BEACH, FL 32931 US	
Title:	D	( ) Delete
Name:	SPECHA, LORRAINE	
Address:	3799 S BANANA RIVER BLVD, #804	
City-St-Zip:	COCOA BEACH, FL 32931 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLAUDIA K. HENNIGAN D 01/06/2009
Electronic Signature of Signing Officer or Director — Date