2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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
COCOA, FL 32923 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BROWN, MARIANNE
Address: 3799 S BANANA RIVER BLVD, #824
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D
Name: PETERSEN, PATRICIA
Address: 3799 S BANANA RIVER BLVD #209
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D
Name: KNUPPELL, RON
Address: 3799 S BANANA RIVER BLVD #1014
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D
Name: SAMPERI, RICHARD
Address: 3799 S BANANA RIVER BLVD, #307
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D
Name: MCCLARY, CONNIE
Address: 3799 S BANANA RIVER BLVD, #803
City-St-Zip: COCOA BEACH, FL 32931 US

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: PATRICIA PETERSEN D 02/08/2012

Electronic Signature of Signing Officer or Director Date