		10 FEE 10 %c4			
CORF ANNU	FILE NOW: FILING PORATION AL REPORT	FLORIDA DEPARTA Sandra B. N Secretary DIVISION OF CO	ENT OF STATE More am of State	FILED	
DOCUMENT # 749256 (4)				96 OCT 30 AM 9	9: 36
•	AKERS REACH CONDOMINIU	UM ASSOCIATION, INC		SECRETARY OF S	TATE TATELLING IN
Principal Place of Business Mailing Address					A 4111 61311 91411 61611 91911 41911 #1411 1991
10036 SAWGRASS DR PO BOX 1159 PONTE VEDRA BCH FL 32062 PONTE VEDRA BCH FL 32 US US			004	Date Incorporated or Qualified	3a. Date of Last Report
0. Dississing	(Durings	2a. Mailing Address		10/09/1979 4. FEI Number	05/01/1995 Applied For
2. Principal Pla 21	ace of Business	26. Maining Address		59-2090100	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Current		0	Florida Statutes 10. Name and Address of New I	☐ Yes ☐ No Registered Agent
	5. 144HB E110 114		81 Name		
MUNCH, DONALD J FOUR SEASONS MANAGEMENT			82 Street Ad	ddress (P.O. Box Number is Net Ascepta	9922287 796-01060005
10036 SAWGRASS DR			83		
PONTE VEDRA BCH FL 32082			84 City		FL 85 Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Florid th, and accept the obligations of, Section Signature, typed or printed name of registered agent a OFFICERS AND	a. Such change was authorized on 617.0503, Florida Statutes. INOTE:	by the corporation's b	poration submits this statement for the pulcard of directors. I hereby accept the applicant of directors and the pulcard of directors and the pulcard of directors. I hereby accept the applicant of the pulcard of the	DATE FICERS AND DIRECTORS IN 12
TITLE	-6D-	DELETE	1.1 TITLE 1.2 NAME	PD	Change Addition
NAME STREET ADDRESS	SMITH, CAMPBELL 4394 KELNEPA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D	Change Addition
TITLE NAME	-ID -HEALY, MILDRED	-	2.2 NAME	D Threlkel, Mireille	••
STREET ADDRESS	-731-SPINNAKERS REAGH RD -PONTE-VEDRA-BCH-FL	!	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	716 Spinnakers Reac Ponte Vedra Beach,	h Road Fl. 32082
CITY-ST-ZIP TITLE	-VPD	DELETE	3.1 TITLE	TUILLY TIME AND SHIP	Change Addition
NAME STREET ADDRESS	- Lorenz, Wayne - 732 Spinnakers Rea gh Br	IVE –	3.2 NAME 3.3 Street Address		
CITY-ST-ZIP	PONTE-VEDRA-BEACH FL		3.4. CITY-ST-ZIP	D	Change Addition
TITLE NAMÉ	-PD- -MAYES, WILLIAM-	DELETE	4.1 TITLE 4. 2 NAME	Hayes, Veola	_ , ,
STREET ADDRESS	PO BOX 2058 N/A		4.3 STREET ADDRESS	PO-Box -2058 2625 L Ponte Vedra FL, 320	
CITY-ST-ZIP TITLE	PONTE VEDRA FL D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Ponte vedra FL, 320	Change Addition
NAME	BARRETT, MARQUIN 714 SPINNAKERS REACH DR	_	5.2 NAME 5.3 STREET ADDRESS	(J	HADYW
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	¥	<u> </u>
TITLE		DELETE	6.1 TITLE 6.2 NAME	VPD Vandroff, Howard	☐ Change 🙀 Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS	703 Spinnakers Read	h Road
CITY-ST-ZIP	by contifu that the information supplied a	with this filing is voluntarily furnish	6.4 CITY-ST-ZIP	lify for the exemption stated in Section 11	FL 32082 9.07(3)(k), Florida Statutes. I further
ertify that certify that oath; that appears i	by Certify that the information supplied wat the information indicated on this annut I I am an officer or director of the corpo in Block 12 or Block 13 if changed, or c	ial report or supplemental annual ration or the receiver or trustee on an attachment with an addres	empowered to execute s.	e this report as required by Chapter 617,	Florida Statutes; and that my name
SIGNAT	//	bull with	\sim	ideny 42996	(904) 285 1526 Destine Priore
SIGNA	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	DR DIRECTOR	Date	Deytime Phone #

CR2E037 (12/95)