2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766130

FILED Apr 27, 2009 Secretary of State

Entity Name: THE SEASONS OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5601 WINDHOVER DRIVE ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 5601 WINDHOVER DRIVE ORLANDO, FL 32819 FEI Number: 59-2515621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARDER, MICHAEL 100 W CÝPRESS CREEK RD SUITE 700 FT LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIEGEL, DAVID A Name: Name: Address: 5601 WINDHOVER DR Address: ORLANDO, FL City-St-Zip: City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: WALTRIP, MARK A Name: Address: 5601 WINDHOVER DR Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition DUGAN, THOMAS F Name: Name: 5601 WINDOVER DR Address: Address: City-St-Zip: ORLANDO, FL 32819 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: THOMAS F. DUGAN TREA 04/27/2009