2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002360

FILED Mar 10, 2009 Secretary of State

Entity Name: THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065 **New Mailing Address: Current Mailing Address:** 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065 FEI Number: 58-1111076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERRY, ALAN 786 BLÁNDING BLVD SUITE 118 ORANGE PARK, FL 32065 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:

ORANGE PARK, FL 32073

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORANGE PARK, FL 32065

() Delete (X) Change () Addition BOSTON, DANIELLE HARPER, HELEN Name: Name: 1800 PARK AVE #228 Address: 1800 PARK AVE #481 Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: (X) Change () Addition RUFFIAN, THERESA Name: RUFFIAN, THERESA Name: Address: 1800 PARK AVENUE, #485 Address: 1800 PARK AVENUE, #485 City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: () Change () Addition SPERRY, ANNETTE Name: Name: 1800 PARK AVENUE, #471 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: (X) Change () Addition MATHIEU, ELVIRA Name: Name: MATHIEU, ELVIRA 1800 PARK AVE #465 3750 SILVER BLUFF BLVD #3003 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32065 Title: () Delete Title: (X) Change () Addition MATHIEU, EDDY MATHIEU, EDDY Name: Name: 1880 PARK AVE #465 3750 SILVER BLUFF BLVD #3003 Address: Address:

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.

City-St-Zip:

SIGNATURE: ALAN PERRY RA 03/10/2009