

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729053 (9)

1. Corporation Name

FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779-5008

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SUITE 5000
LONGWOOD FL 32779-5008

3. Date Incorporated or Qualified

03/13/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1725698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

22 City & State

22 City & State

23 Zip

23 Country

23 Zip

23 Country

24

24

24

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W., JR
2180 W. STATE RD. 434 SUITE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELET
PD	O'KEEFE, NINA	600 N BOUNDARY AVE #106B	DELAND FL	<input type="checkbox"/>
D	MOLNAR, ED	600 N BOUNDARY AVE #106D	DELAND FL	<input type="checkbox"/>
DVP	THURGOOD, HARRIETT	600 N BOUNDARY AVE 102C	DELAND, FL 00000	<input checked="" type="checkbox"/>
STD	BAILEY, CAROL	600 N. BOUNDARY AVE. #103B	DELAND FL	<input checked="" type="checkbox"/>
D	SCHULTZ, LAURA	600 N BOUNDARY AVE #102D	DELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

D
MECKS, BILL
600 N BOUNDARY AVE #115D
DELAND FL 32720

STD
SCHROEDER, JEFFREY
600 N BOUNDARY AVE #106C
DELAND FL 32720

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nina S. O'Keefe President
NINA S. O'KEEFE

3/12/96

Date

Daytime Phone #

CR2E037 (12/95)