

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713401

Entity Name: THE FOUR SEASONS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**333 SUNSET DRIVE
FORT LAUDERDALE, FL 33301**Current Mailing Address:**333 SUNSET DRIVE
FORT LAUDERDALE, FL 33301**FEI Number:** 59-1196724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER/POLIAKOFF
625 N. FLAGLER DR, 7TH FLOOR
WEST PALM BEACH, FL 33401 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**Officer/Director Detail :**

Title PRESIDENT
Name CASSEL, WALTER
Address 333 SUNSET DRIVE #903
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY
Name WOOD, JAMES
Address 333 SUNSET DRIVE #206
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name AYERS, DANIEL
Address 333 SUNSET DRIVE #907
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER
Name WHETSTONE, LORRAINE
Address 333 SUNSET DRIVE #902
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP
Name WEITZMAN, NORMAN
Address 333 SUNSET DRIVE #1006
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name RUDMAN, CHRISTOPHER
Address 333 SUNSET DRIVE
 #502
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name ROTH, PATRICIA
Address 333 SUNSET DRIVE
 #302
City-State-Zip: FORT LAUDERDALE FL 33301

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: WALTER CASSEL

PRESIDENT

04/11/2017

Electronic Signature of Signing Officer/Director Detail_____
Date