

**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