

**2014 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           TREASURER  
Name           CASSEL, WALTER  
Address       333 SUNSET DRIVE #903  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           PRESIDENT  
Name           LYNCH, ROBERT  
Address       333 SUNSET DRIVE #104  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           SEC, SECRETARY  
Name           WOOD, JAMES  
Address       333 SUNSET DRIVE #602  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           VP  
Name           ROTH, PATRICIA  
Address       333 SUNSET DRIVE #206  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           D  
Name           WHETSTONE, LORRAINE  
Address       333 SUNSET DRIVE #302  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           D  
Name           CHOSD, LES  
Address       333 SUNSET DRIVE #501  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           DIRECTOR  
Name           WEITZMAN, NORMAN  
Address       333 SUNSET DRIVE  
                1006  
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: ROBERT LYNCH****PRESIDENT****03/14/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date