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: THOMAS F DUGAN

Electronic Signature of Signing Officer/Director Detail

TREASURER

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	DS
Name	SIEGEL, DAVID A	Name	WALTRIP, MARK A
Address	5601 WINDHOVER DR	Address	5601 WINDHOVER DR
City-State-Zip:	ORLANDO FL	City-State-Zip:	ORLANDO FL 32819
Title	т		
Name	DUGAN, THOMAS F		
Address	5601 WINDOVER DR		
City-State-Zip:	ORLANDO FL 32819		

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766130

Entity Name: THE SEASONS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5601 WINDHOVER DRIVE ORLANDO, FL 32819

Current Mailing Address:

5601 WINDHOVER DRIVE ORLANDO, FL 32819

FEI Number: 59-2515621

Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A. 100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE, FL 33309 US

> 01/27/2014 Date