

2015 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENSPOON MARDER, P.A.
100 W CYPRESS CREEK RD
SUITE 700
FT LAUDERDALE, FL 33309 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	D
Name	SIEGEL, DAVID A
Address	5601 WINDHOVER DR
City-State-Zip:	ORLANDO FL

Title	DS
Name	WALTRIP, MARK A
Address	5601 WINDHOVER DR
City-State-Zip:	ORLANDO FL 32819

Title	T
Name	DUGAN, THOMAS F
Address	5601 WINDHOVER DR
City-State-Zip:	ORLANDO FL 32819

Title	SECRETARY
Name	SIEGAL, DAVID A
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	PRESIDENT
Name	SIEGEL, DAVID A
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

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**TREASURER OF
MANAGER****01/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date