

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002360

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC7943079404**

**Entity Name:** THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

786 BLANDING BLVD  
SUITE 118  
ORANGE PARK, FL 32065

**Current Mailing Address:**

786 BLANDING BLVD  
SUITE 118  
ORANGE PARK, FL 32065

**FEI Number: 90-0313446**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PERRY, ALAN  
786 BLANDING BLVD  
SUITE 118  
ORANGE PARK, FL 32065 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 VPD  
Name MATHIEU, ELVIRA  
Address 786 BLANDING BLVD. #118  
City-State-Zip: ORANGE PARK FL 32065

Title PD  
Name ADCOCK, DAN  
Address 786 BLANDING BLVD. #118  
City-State-Zip: ORANGE PARK FL 32065

Title D  
Name SPERRY, ANNETTE  
Address 786 BLANDING BLVD. #118  
City-State-Zip: ORANGE PARK FL 32065

Title TD  
Name BOSTON, DANIELLE  
Address 786 BLANDING BLVD. #118  
City-State-Zip: ORANGE PARK FL 32065

Title SD  
Name AGUILAR, MARIE  
Address 786 BLANDING BLVD  
SUITE 118  
City-State-Zip: ORANGE PARK FL 32065

*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: DAN ADCOCK**

**PD**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date