

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 495825

(2)

1. Corporation Name

FOUR SEASONS REALTY, INC.

Principal Place of Business

501 MARY ESTHER CUT-OFF STE 8  
FT. WALTON BCH FL 32548

Mailing Address

501 MARY ESTHER CUT-OFF STE 8  
FT. WALTON BCH FL 32548



3. Date Incorporated or Qualified  
02/01/1976

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1646838

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOR, INDIA L

501 MARY ESTHER CUT-OFF, STE 8  
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHOR, INDIA L	
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHOR, INDIA L	
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANNIX, WILLIAM J P	
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAINBRIDGE, WALTER C	
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AULL, DENISE	
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/2/96

(904) 243-2233

CR2E034 (12/95)