

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90149 033 ***150.00

DOCUMENT # 495825

1. Entity Name
FOUR SEASONS REALTY, INC.



Principal Place of Business Mailing Address
501 MARY ESTHER CUT-OFF STE 8 **501 MARY ESTHER CUT-OFF STE 8**
FT. WALTON BCH, FL 32548 **FT. WALTON BCH, FL 32548**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02112005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1646838** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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 checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKEE, MICHAEL S	
STREET ADDRESS	501 MARY ESTHER CUT-OFF, SUITE 8	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *India L. Schor* **INDIA L. SCHOR** *2/11/05* **(850) 243-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #