

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 495825

1. Entity 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**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	SCHOR, INDIA L
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	ST
NAME	SCHOR, INDIA L
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	V
NAME	MCKEE, MICHAEL S
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	V
NAME	BAINBRIDGE, WALTER C
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80032-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Schor* **INDIA SCHOR, PRESIDENT** 850-243-2253