# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2008 08:00 A**
**Secretary of State**

DOCUMENT # 495825

1. Entity Name
FOUR SEASONS REALTY, INC.

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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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04/10/08-80106-017 150.00

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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:** _____ 1/8/08 850-243-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #