

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729053 (9)

1. Corporation Name
FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779-5008

Mailing Address
2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779-5008

3. Date Incorporated or Qualified 03/13/1974
3a. Date of Last Report 05/01/1995

4. FEI Number 59-1725698
Applied For Not Applicable

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

6. Election Campaign Financing **\$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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
HART, JAMES W., JR
2180 W. STATE RD. 434 SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'KEEFE, NINA	
STREET ADDRESS	600 N BOUNDARY AVE #106B	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLNAR, ED	
STREET ADDRESS	600 N BOUNDARY AVE #106D	
CITY-ST-ZIP	DELAND FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	THURGOOD, HARRIETT	
STREET ADDRESS	600 N BOUNDARY AVE 102C	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, CAROL	
STREET ADDRESS	600 N. BOUNDARY AVE. #103B	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULTZ, LAURA	
STREET ADDRESS	600 N BOUNDARY AVE #102D	
CITY-ST-ZIP	DELAND FL	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D MEEKS, BILL
3.3 STREET ADDRESS	600 N BOUNDARY AVE #115D
3.4 CITY-ST-ZIP	DELAND FL 32720
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STD SCHROEDER, JEFFREY
4.3 STREET ADDRESS	600 N BOUNDARY AVE #106C
4.4 CITY-ST-ZIP	DELAND FL 32720
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nina S. O'Keefe* President 3/12/96
NINA S. O'KEEFE
Date: 3/12/96

CR2E037 (12/95)