


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90019 019 ****61.25

0014997

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729053
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



2. Principal Place of Business: 21 600 N. BOUNDARY AVE. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 600 N. BOUNDARY AVE. Suite, Apt. #, etc. 27
3. Date Incorporated or Qualified: 03/13/1974
4. FEI Number: 59-1725698 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

23 DELAND, FL. City & State
24 32720 Zip
25 VOLUSIA Country
28 DELAND, FL. City & State
29 32720 Zip
30 VOLUSIA 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: PATRICIA A. FLYNN - PRESIDENT BOARD OF DIRECTORS
82 Street Address (P.O. Box Number is Not Acceptable): 600 N. BOUNDARY AVE. 105A
83
84 City: DELAND FL 85 Zip Code: 32720

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: Patricia A. Flynn DATE: 1-18-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: O'KEEFE, NINA	1.1 TITLE: VD	1.2 NAME: SANDRA E. MONTAVON
STREET ADDRESS: 600 N BOUNDARY AVE #106B	CITY-ST-ZIP: DELAND FL	1.3 STREET ADDRESS: 600 N. BOUNDARY AVE. # 101B	1.4 CITY-ST-ZIP: DELAND, FL. 32720
TITLE: D	NAME: MOLNAR, ED	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 600 N BOUNDARY AVE., #103B	CITY-ST-ZIP: DELAND FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: D	NAME: SMITH, ALICIA	3.1 TITLE: SD	3.2 NAME: ALICIA SMITH
STREET ADDRESS: 600 N BOUNDARY AVE., #103D	CITY-ST-ZIP: DELAND, FL 00000	3.3 STREET ADDRESS: 600 N. BOUNDARY AVE # 103 D	3.4 CITY-ST-ZIP: DELAND, FL. 32720
TITLE: STD	NAME: LIECK, LIANA	4.1 TITLE: TD	4.2 NAME: GEORGE BROWN
STREET ADDRESS: 600 N BOUNDARY AVE., #119D	CITY-ST-ZIP: DELAND FL	4.3 STREET ADDRESS: 600 N. BOUNDARY AVE # 107 D	4.4 CITY-ST-ZIP: DELAND FL 32720
TITLE: PD	NAME: FLYNN, PATRICIA	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 600 N BOUNDARY AVE, #105A	CITY-ST-ZIP: DELAND FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. 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 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, with all other like empowered.

SIGNATURE: Patricia A. Flynn - President DATE: 1-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-734-0206 Daytime Phone #

CR2E037 (11/98)