

729053

FILED
99 MAR 31 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBERT R. FOSTER
ATTORNEY AT LAW
POST OFFICE BOX 41
DELAND, FLORIDA 32721-0041

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Ⓞ RA Chg.

VS APR 6 1999

Examiner's Initials



3/11/99

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 9, 1999

ROBERT R. FOSTER
POST OFFICE BOX 41
DELAND, FL 32721-0041

SUBJECT: FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: 729053

We have received your document for FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$236.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 299A00010786

Rec'd 3/31
Div. of Corp

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FOUR SEASONS OF DeLAND CONDOMINIUM ASSOCIATION, INC.

2. The mailing address of the corporation is: 600 North Boundary, Apt. 105A, DeLand Florida 32720

3. Date of incorporation/qualification: 3/13/74 Document number: 729053

4. The name and address of the current registered agent and office:
Patricia A. Flynn
600 N. Boundary Ave., 105A
DeLand, FL 32720

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Robert R. Foster
108 West Rich Avenue
DeLand, Florida 32720

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Patricia A. Flynn, President
(Signature of an officer, chairman or vice chairman of the board)

3/1/99
(Date)

Patricia A. Flynn, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

3/1/99
(Date)

If signing on behalf of an entity:

Robert R. Foster, Attorney
(Typed or Printed Name)

Attorney
(Capacity)