

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729053

1. Entity Name

FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90083 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 N. BOUNDARY AVE  
 APT. 105A  
 DELAND FL 32720

600 N. BOUNDARY AVE  
 APT. 105A  
 DELAND FL 32720-3118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1725698

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, ROBERT R  
 108 WEST RICH AVE.  
 DELAND FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME VD  
 STREET ADDRESS MONTASON, SANDRA E  
 CITY-ST-ZIP 600 N BOUNDARY AVE #101B  
 DELAND FL 32720

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS MOLNAR, ED  
 CITY-ST-ZIP 600 N BOUNDARY AVE., #103B  
 DELAND FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS SMITH, ALICIA  
 CITY-ST-ZIP 600 N BOUNDARY AVE., #103D  
 DELAND FL 32720

TITLE  Change  Addition  
 NAME SD  
 STREET ADDRESS BETTY EVANS  
 CITY-ST-ZIP 600 N. BOUNDARY AVE. - 116 D  
 DELAND, FL 32720

TITLE  Delete  
 NAME TD  
 STREET ADDRESS BROWN, GEORGE  
 CITY-ST-ZIP 600 N BOUNDARY AVE #107D  
 DELAND FL 32720

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME PD  
 STREET ADDRESS FLYNN, PATRICIA  
 CITY-ST-ZIP 600 N BOUNDARY AVE, #105A  
 DELAND FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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 617, 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:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 (904) 734-0206

CR2E037 (9/99)