


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 729053
1. Entity Name
**FOUR SEASONS OF DELAND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business 600 N. BOUNDARY AVE APT. 105A DELAND, FL 32720	Mailing Address 600 N. BOUNDARY AVE APT. 105A DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1725698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FOSTER, ROBERT R
108 WEST RICH AVE.
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, HELEN 600 N. BOUNDARY AVE, #104B DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, VELDA 600 N BOUNDARY AVE # 1160 DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOURGOIS, JEAN 600 N BOUNDARY AVE. 101A DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTAVON, SANDRA 600 N BOUNDARY AVE., 101B DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, PATRICIA 600 N BOUNDARY AVE, #105A DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632698
02/21/07-80031-020 61.25

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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 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 Sandra Montavon _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____