

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729053

FILED
Feb 09, 2009
Secretary of State

Entity Name: FOUR SEASONS OF DELAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1725698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HENRY, HELEN
Address: 600 N. BOUNDARY AVE, #104B
City-St-Zip: DELAND, FL 32720

Title: VD () Delete
Name: PHILLIPS, VELDA
Address: 600 N BOUNDARY AVE # 1160
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: MONTAVON, SANDRA
Address: 600 N BOUNDARY AVE., 101B
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: FLYNN, PATRICIA
Address: 600 N BOUNDARY AVE, #105A
City-St-Zip: DELAND, FL

Title: D () Delete
Name: DIMURO, DOLORES
Address: 600 N BOUNDARY AVE 118C
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY MONTOVON

TREA

02/09/2009

Electronic Signature of Signing Officer or Director

Date