

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90240 001 ****61.25
01-23-2003 90240 002 *****8.75

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**

00004348



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
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**

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE **1-7-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTASON, SANDRA E <input checked="" type="checkbox"/> Delete 600 N BOUNDARY AVE #101B DELAND FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLNAR, ED <input type="checkbox"/> Delete 600 N BOUNDARY AVE., #103B DELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, BETTY <input type="checkbox"/> Delete 600 N BOUNDARY AVE., #116 DELAND FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, GEORGE <input type="checkbox"/> Delete 600 N BOUNDARY AVE #107D DELAND FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, PATRICIA <input type="checkbox"/> Delete 600 N BOUNDARY AVE, #105A DELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, HELEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 N. BOUNDARY AVE. #104B DELAND FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
Patricia Flynn, President 1-7-03 386-734-0206

CR2E037 (10/02)