

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90366 028 ****70.00

DOCUMENT # 749432

1. Entity Name

FOUR SEASONS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1407 WINDSWEPT AVENUE
NAPLES FL 34109

1407 WINDSWEPT AVENUE
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0213795

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOVAN, WILLIAM A.
2671 AIRPORT ROAD SOUTH
STE. 304
NAPLES FL 34112

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 PD
NAME BEAUDETTE, AL ☐ Delete
STREET ADDRESS 9207 AUTUMN HAZE DRIVE
CITY-ST-ZIP NAPLES FL 34109

TITLE PD ☒ Change ☐ Addition
NAME Garren, Dan
STREET ADDRESS 9404 Autumn Haze Drive
CITY-ST-ZIP Naples, FL 34109

TITLE VPD ☐ Delete
NAME GARREN, DAN
STREET ADDRESS 9404 AUTUMN HAZE DRIVE
CITY-ST-ZIP NAPLES FL 34109

TITLE VPD ☒ Change ☐ Addition
NAME Vaccaro, Jo
STREET ADDRESS 1941 Curling Ave.
CITY-ST-ZIP Naples, FL 34109

TITLE DT ☐ Delete
NAME HEALD, KEVIN
STREET ADDRESS 1407 WINDSWEPT AVE
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☒ Change ☐ Addition
NAME Beaudette, Al
STREET ADDRESS 9207 Autumn Haze Drive
CITY-ST-ZIP Naples, FL 34109

TITLE DS ☐ Delete
NAME VACCARO, JO
STREET ADDRESS 1941 CURLING AVENUE
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Change ☒ Addition
NAME LaGrasta, Nick
STREET ADDRESS 1650 Silver Sands Ave.
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Van Hest, Natasha
STREET ADDRESS 9859 Winterview Dr.
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Stewart-High, Carol
STREET ADDRESS 1950 Curling Ave.
CITY-ST-ZIP Naples, FL 34109

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:

Kevin Heald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN HEALD

Date

Daytime Phone #

4/11/02

941-591-4659

CR2E037 (9/01)