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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91800 010 ****70.00

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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

110417JU

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9534 Winterview Dr.	9534 Winterview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34109 Country: USA	Zip: 34109 Country: USA

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. I am familiar with, and accept the obligations of registered agent.

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 + 8.75 = 70.00

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D GARREN, DAN 9404 AUTUMN HAZE DR NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ D/T Fletcher, Calley 9534 Winterview Dr, Naples, FL, 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D VACCURO, JO 1941 CURLING AVE NAPLES FL 34109	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Newsome, Bob 10318 Winterview Dr. Naples, FL. 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAUDETTE, AL 9207 AUTUMN HAZE DR NAPLES FL 34109	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ PD Montgomery, Lloyd 1655 Silversands Ave Naples, FL. 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGRASTA, NICK 1650 SILVER SANDS AVE NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~Lagrasta, Nick~~ ~~1650 Silver Sands~~ Ave, ~~Naples, FL, 34109~~	☑ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VAN HEST, NATASHA 9859 WINTERVIEW DR NAPLES FL 34109	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ STEWART-HIGH, CAROL 1950 CURLING AVE NAPLES FL 34109	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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. Garren, Dan 4/22/03 3513

SIGNATURE: Calley Fletcher EQUCERD Calley Fletcher 4/22/03 239-250-8613
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON, OFFICER OR DIRECTOR

CR2E037 (10/02)