

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:25

DOCUMENT # 750766 (8)

1. Corporation Name

FOUR SEASONS COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

13225 101ST STREET S.E.
LARGO FL 34643

13225 101ST STREET S.E.
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1980

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2873509

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACDONALD, STANLEY
13225-101ST ST. S.E. #467
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

POLLIE O'BRIEN

82 Street Address (P.O. Box Number is Not Acceptable)

13225-101ST ST. S.E. #486

83

84 City

LARGO

FL

85 Zip Code

34643

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Pollie O'Brien

POLLIE O'BRIEN, PRESIDENT

4/4/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACDONALD, STANLEY
STREET ADDRESS	13225-101ST ST. S.E. #467
CITY - ST - ZIP	LARGO FL
TITLE	VP
NAME	LALUMIERE, ANITA
STREET ADDRESS	13225 101ST ST SE #320
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	HANSON, PETE
STREET ADDRESS	13225 101ST SE #223
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	PARSONS, MARION
STREET ADDRESS	13225-101ST ST. S.E. #353
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	THOMPSON, BOB
STREET ADDRESS	13225-101ST ST. S.E. #481
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	O'BRIEN, POLLIE	
1.3 STREET ADDRESS	13225-101 ST. S.E. LOT # 486	
1.4 CITY - ST - ZIP	LARGO, FL, 34643	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
4.2 NAME	DARLING, LA	
4.3 STREET ADDRESS	13225-101ST S.E. LOT # 435	
4.4 CITY - ST - ZIP	LARGO, FL. 34643	
5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
5.2 NAME	REDA, IRENE	
5.3 STREET ADDRESS	13225-101ST S.E. LOT # 393	
5.4 CITY - ST - ZIP	LARGO, FL 34643	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	VRANA, RICHARD F.	
6.3 STREET ADDRESS	13225-101ST SE LOT # 415	
6.4 CITY - ST - ZIP	LARGO, FL 34643	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard F. Vrana

RICHARD F. VRANA

April 4, 1995

581-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone