2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 757628

Entity Name: FOUR SEASONS CONDOMINIUM ASSOCIATION OF WINTER PARK, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2265238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: VPD ( ) Delete
Name: FONDO, FRANK
Address: 200 ST. ANDREWS BLVD #1603
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: LAW, DONNA A
Address: 200 ST ANDREWS BLVD #3206
City-St-Zip: WINTER PARK, FL 32792

Title: PD ( ) Delete
Name: KOSTEN, RAYMOND
Address: 200 ST ANDREWS BLVD #912
City-St-Zip: WINTER PARK, FL 32792

Title: TD ( ) Delete
Name: CLEARY, MICHAEL
Address: 200 ST ANDREWS BLVD #2902
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: FUMEA, TOM
Address: 200 ST ANDREWS BLVD #2604
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FONDO, FRANK
Address: 200 ST. ANDREWS BLVD #1603
City-St-Zip: WINTER PARK, FL 32792

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: VPD (X) Change ( ) Addition
Name: ANDERSON, DONNIE
Address: 200 ST ANDREWS BLVD #2906
City-St-Zip: WINTER PARK, FL 32792

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: RAYMOND KOSTEN PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date