

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766130

FILED
Feb 02, 2007
Secretary of State

Entity Name: THE SEASONS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5601 WINDHOVER DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5601 WINDHOVER DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-2515621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARDER, MICHAEL
100 W CYPRESS CREEK RD
SUITE 700
FT LAUDERDALE, FL 33309 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: D () Delete
Name: SIEGEL, DAVID,
Address: 5601 WINDHOVER DR
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: WALTRIP, MARK A
Address: 5601 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: DUGAN, THOMAS F
Address: 5601 WINDOVER DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F. DUGAN

TREA

02/02/2007

Electronic Signature of Signing Officer or Director

Date