

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NOS462

1. Corporation Name

FOUR SEAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10-3-84

4. FEI Number

16-1243642

Applied For

Not Applicable

2. Principal Place of Business

21 8711 COBBLESTONE DR.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33615

Country

25 USA

2a. Mailing Address

26 P.O. BOX 23986

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33623

Country

30 USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

G. EDWARD FUSIA  
8711 COBBLESTONE DR.  
TAMPA, FL 33615

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
HAYDN W. FUSIA  
STREET ADDRESS 2812 MY OLIVE DR  
CITY-ST-ZIP DECATUR, GA 30033

TITLE ☐ DELETE

NAME D  
KRISTEN F. WILLIAMSON  
STREET ADDRESS 1205 CANVASBACK DR  
CITY-ST-ZIP GARNER, TX 76048

TITLE ☐ DELETE

NAME D  
G. EDWARD FUSIA  
STREET ADDRESS 8711 COBBLESTONE DR  
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

500002473165

-03/31/98--01026--008

\*\*\*70.00

14. 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-98

813-888-9119

CR2E037 (10/97)