

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002995

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: FOUR SEASONS ESTATES SOCIAL ACTIVITIES INC

**Current Principal Place of Business:**

13225 101 ST. S.E.  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

13225 101 STREET S.E.  
LARGO, FL 33773

**New Mailing Address:**

FEI Number: 20-8482679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMIDT, PETER J  
13225 101ST. STREET  
#404  
LARGO, FL 33773 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: GCH ( ) Delete  
Name: SCHMIDT, PETER J  
Address: 13225 101ST STREET #404  
City-St-Zip: LARGO,, FL 33773

Title: VP ( ) Delete  
Name: HANSEN, JO  
Address: 13225 101 STREET, #502  
City-St-Zip: LARGO, FL 33773

Title: SECT ( ) Delete  
Name: FOSDICK, JOYCE  
Address: 13225 101ST STREET #203  
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete  
Name: COLICCHIO, MARIO  
Address: 13225 101 STREET, #182  
City-St-Zip: LARGO, FL 33773

Title: DIR ( ) Delete  
Name: DEMME, VINCE  
Address: 13225 101ST STREET #130  
City-St-Zip: LARGO, FL 33773

Title: DIR ( ) Delete  
Name: RITCHIE, THOMAS  
Address: 13225 101ST STREET #110  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TR (X) Change ( ) Addition  
Name: JOHNSTON, CAROL B  
Address: 13225 101ST STREET #311  
City-St-Zip: LARGO,, FL 33773

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

Title: GCH (X) Change ( ) Addition  
Name: FOSDICK, JOYCE  
Address: 13225 101ST STREET #203  
City-St-Zip: LARGO, FL 33773

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 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: CAROL B. JOHNSTON

TR

04/18/2009

Electronic Signature of Signing Officer or Director

Date