

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007363

FILED
Jan 08, 2009
Secretary of State

Entity Name: SEASONS HOA, INC.

Current Principal Place of Business:

% COMMUNITY MGMT PROFESSIONALS, INC.
5401 KIRKMAN RD. SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

COMMUNITY MGMT PROFESSIONALS, INC.
5401 S. KIRKMAN RD. SUITE 450
ORLANDO, FL 32819

Current Mailing Address:

% COMMUNITY MGMT PROFESSIONALS, INC.
5401 KIRKMAN RD. SUITE 450
ORLANDO, FL 32819

New Mailing Address:

COMMUNITY MGMT PROFESSIONALS, INC.
5401 S. KIRKMAN RD. SUITE 450
ORLANDO, FL 32819

FEI Number: 26-0090381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 KIRKMAN RD.
SUITE 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD.
SUITE 450
ORLANDO, FL 32819 US

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: KAREN SFARA

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GENT, PAUL
Address: 1055 SEASONS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: IVE, DAVIE
Address: 1075 SEASONS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: WILLIAMS, SONYA
Address: 1185 SEASONS BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: IVE, DAVID
Address: 1075 SEASONS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: S (X) Change () Addition
Name: WILLIAMS, SONYA
Address: 1185 SEASONS BLVD
City-St-Zip: KISSIMMEE, FL 34746

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: PAUL GENT

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date