

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08904 (7)

1. Corporation Name

ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13070 GULF BLVD  
MADEIRA BCH FL 33708

Mailing Address

10645 - 1ST STREET EAST  
TREASURE ISLAND FL 33706-4803  
US

3. Date Incorporated or Qualified  
04/24/1985

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2783174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LIBERTE MANAGEMENT GROUP INC.  
10645 FIRST ST. E.  
TREASURE ISLAND, FL 33706

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHARPLESS, ROY  
STREET ADDRESS 2511 W KNOLLWOOD CT  
CITY-ST-ZIP TAMPA FL

TITLE TD  
NAME BAX, GILES  
STREET ADDRESS 5270 DENVER ST. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S  
NAME GLEATON, WILLIAM  
STREET ADDRESS 3921 LAKE JOYCE DR.  
CITY-ST-ZIP LAND O LAKES FL

TITLE VP  
NAME RICE, STANLEY H.  
STREET ADDRESS 13357 GOLF CREST CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME TUETKEN, ROBERT  
STREET ADDRESS 206 TEMPLE VALLEY DR.  
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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]*

1-16-97

CR2E037 (9/96)