2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90283 005 ****61.25

DOCUMENT # N08904

1. Entity Name

ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13070 GULF BLVD MADEIRA BCH FL 33708	10681 GULF BLVD STE 207 SAINT PETERSBURG FL 33706 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2783174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTE MANAGEMENT GROUP INC.
10681 GULF BLVD STE 207
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE signature below

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAX, GILES 5270 DENVER ST. N.E. SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BAX, GILES 5270 DENVER ST. N.E. ST. PETERSBURG, FL. 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLEATON, WILLIAM 3921 LAKE JOYCE DR. LAND O LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLUNCE, RAYMOND 4704 DEBBIE LANE LUTZ FL 33559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CLUNCI, RAYMOND 4704 DEBBIE LANE LUTZ, FL. 33559	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILMORE, JOSEPH 4672 DEBBIE LANE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOSEPH DILLIMONE 4672 DEBBIE LANE LUTZ, FL. 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DILIMORE, JOSEPH 4672 DEBBIE LANE LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN MALACINA 44 LONGMEADOW CT. WEST, ROTONDA, FL. 33947	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / William Gleaton Registered agent / Secretary of Board 4/29/04 727-360-2086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #