2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04182005 No Chg-NP CR2E037 (10/03)

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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAX, GILES
STREET ADDRESS	5270 DENVER ST. N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	S
NAME	GLEATON, WILLIAM
STREET ADDRESS	3921 LAKE JOYCE DR.
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	T
NAME	CIUNCI, RAYMOND
STREET ADDRESS	4704 DEBBIE LANE
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	V
NAME	DILLIMONE, JOSEPH
STREET ADDRESS	4672 DEBBIE LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	MALACINA, JOHN
STREET ADDRESS	44 LONGMEADOW CT
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80119-006 61.25

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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: Giles M. Bax Agent 4/25/2005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OF FICER OR DIRECTOR Date Daytime Phone #