

**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 13070 GULF BLVD MADEIRA BCH, FL 33708	Mailing Address 10681 GULF BLVD STE 207 SAINT PETERSBURG, FL 33706 US
---	--

DO NOT WRITE IN THIS SPACE

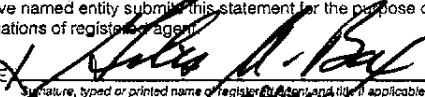


04182005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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

**DO NOT WRITE
IN THIS SPACE**

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: 	Date: 4/25/2005	Daytime Phone #
--	-----------------	-----------------