2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90161 013 ****61.25

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								
2. Principal Place of Business			3. Mailing Address Gulf Blvd.			d.]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04092006 CH	g-NP CR2E	E037 (11/05)		
City & State			Treasure Island,			<u>7. </u>	4. FEI Number 59-278317	4	. No	plied For t Applicable	
Zip 		Country	33706	<u>33706 u.</u>			Certificate of Status Desired Name and Address of New Registered		Fee Require	\$8.75 Additional Fee Required	
	and Address of Current F		Name		7. Name and Add	reas of New Registers	d Agent				
LIBERTE MANAGEMENT GROUP INC. 10681 GULF BLVD STE 207 TREASURE ISLAND,, FL 33706						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											
	_	e is \$61.25 lay 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make check payable to Added to Fees Florida Department of State				
10.		OFFICERS AND DIR	ECTORS	11.				S TO OFFICERS AND	DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	ES IVER ST. N.E. TERSBURG, FL 33703	☐ Delete	Delete : Title NAME STREE CITY-			Vice President				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3921 LAK	N, WILLIAM E JOYCE DR. .AKES, FL 34639	☐ Delete			Director Gleaton, William 3921 Lake Joyce Dr. Land O'Lakes, Fl. 34639			⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RAYMOND BBIE LANE 33559	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	NE, JOSEPH BBIE LANE 33549	☐ Delete			Di 1 467	retary imone, Jo ia Debbie tz, Fl. 33	. Lane	X Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	IA, JOHN MEADOW CT A WEST, FL 33947	☐ Delete			Pre Ma 193	esident Jacina, J Pine Valle		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME EET ADORESS (-ST-ZIP				☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exchange on the contained in Chapter 119. Florida Statutes. I further certify that the information indicated on the report or supplemental report is true and absurate 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 to trustee empowered to execute the 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.											