2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N08904

Entity Name: ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13070 GULF BLVD
MADEIRA BCH, FL 33708

New Principal Place of Business:

Current Mailing Address:

10681 GULF BLVD
STE 207
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2783174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BAX, GILES,
Address: 5270 DENVER ST. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: GLEATON, WILLIAM
Address: 3921 LAKE JOYCE DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete
Name: CIUNCI, RAYMOND
Address: 4704 DEBBIE LANE
City-St-Zip: LUTZ, FL 33559

Title: S ( ) Delete
Name: DILLIMONE, JOSEPH
Address: 4672 DEBBIE LANE
City-St-Zip: LUTZ, FL 33549

Title: P ( ) Delete
Name: MALACINA, JOHN
Address: 193 PINE VALLEY LN
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAX, GILES,
Address: 5270 DENVER ST. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP (X) Change ( ) Addition
Name: GLEATON, WILLIAM
Address: 3921 LAKE JOYCE DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DILIMONE, JOSEPH
Address: 4672 DEBBIE LANE
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition
Name: LAFORD, RICHARD
Address: 17117 GULF BLVD. #531
City-St-Zip: N. REDINGTON BCH., FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILES BAX P 03/28/2007

Electronic Signature of Signing Officer or Director — Date