

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N08904 1. Entity Name ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 13070 GULF BLVD MADEIRA BCH, FL 33708	Mailing Address 10681 GULF BLVD STE 207 TREASURE ISLAND, FL 33706 US
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03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2783174	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

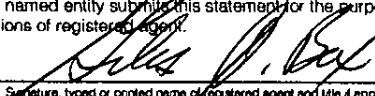
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6. Name and Address of Current Registered Agent

**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:  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

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	VP
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	S
NAME	DILIMONE, JOSEPH
STREET ADDRESS	4672 DEBBIE LANE
CITY - ST - ZIP	LUTZ, FL 33549
TITLE	D
NAME	LAFORD, RICHARD
STREET ADDRESS	17117 GULF BLVD. #531
CITY - ST - ZIP	N. REDINGTON BCH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/13/08-80041-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/08 727-360-2006
Date Utility Phone #