# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 13070 GULF BLVD<br>MADEIRA BCH, FL 33708 | 10681 GULF BLVD<br>STE 207<br>TREASURE ISLAND, FL 33706 US |

03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 Giles D. Bax
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, 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 | |

U00000917449
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] 3/23/08 727-360-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #