2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
02-10-2003 90441 009 ****61.25

DOCUMENT # N08904

1. Entity Name

ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13070 GULF BLVD MADEIRA BCH FL 33708	~~10645 1ST STREET EAST~~ 10681 Gulf Blvd. Suite 207 TREASURE ISLAND FL 33706 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	10681 Gulf Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 207
City & State	City & State Treasure Island, Fl.
Zip / Country	Zip 33706 / Country

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	7. Name and Address of New Registered Agent
LIBERTE MANAGEMENT GROUP INC. ~~10645 FIRST ST. E.~~ 10681 Gulf Blvd. Suite 207 TREASURE ISLAND, FL 33706	Name Street Address (P.O. Box Number is Not Acceptable): 10681 Gulf Blvd Suite 207 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 _____ 1/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHARPLESS, ROY 11707 COUNTRY CLUB PL TAMPA FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAX, GILES 5270 DENVER ST. N.E. SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Giles Bax 5270 Denver St. NE St. Petersburg, Fl. 33703	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLEATON, WILLIAM 3921 LAKE JOYCE DR. LAND O LAKES FL 34639	S ☐ Delete SAME→	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	T ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUETKEN, ROBERT 206 TEMPLE VALLEY DR TAMPA FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Raymond Cuneo 4704 Debbie Lane Lutz, FL. 33559	D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILMORE, JOSEPH 4672 DEBBIE LANE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Joseph Dilimore 4672 Debbie Lane Lutz, Fl. 33549	T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer John Gibson 2910 Lake Stall Lane Tampa, Fl. 33618	T ☐ Change ☒ Addition

CR2E037 (10/02)

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: GLEATON REQUIRED 4 Feb 2003 727 522 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #