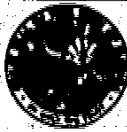


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27845 (9)

1. Corporation Name

FOUR SEASONS LANDINGS CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

2475 ENTERPRISE RD.
SUITE 100
CLEARWATER FL 34623
US

2475 ENTERPRISE RD.
SUITE 100
CLEARWATER FL 34623
US

REMITTED BY MAY 1

3. Date Incorporated or Qualified

08/11/1988

3a. Date of Last Report

05/12/1994

4. FEI Number

59-3049996

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE
SUITE 100
CLEARWATER FL 34623

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	LETIZE, LETA
STREET ADDRESS	33 GARDEN AVE., #910
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD
NAME	GOTTLIEB, JERRY
STREET ADDRESS	2475 ENTERPRISE, #100
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	D
NAME	DANGERFIELD, DIANE
STREET ADDRESS	16114 N. FLORIDA AVE.
CITY-ST-ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME	Gregory C. Jewell	
1.3 STREET ADDRESS	802 N. Ft. Harrison Ave.	
1.4 CITY-ST-ZIP	Clearwater, FL 34617	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME	James B. Evans	
3.3 STREET ADDRESS	2475 Enterprise Rd. Ste. 300	
3.4 CITY-ST-ZIP	Clearwater, FL 34623	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; that the secretary or assistant secretary empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Jerry Gottlieb

3-30-95

(813) 799-0230