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.

REMITTED BY MAY 1

Principal Place of Business	Mailing Address
2475 ENTERPRISE RD. SUITE 100 CLEARWATER FL 34623 US	2475 ENTERPRISE RD. SUITE 100 CLEARWATER FL 34623 US

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 ☐ **$8.75** 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	D ☐ Change ☑ Addition
NAME	LETIZE, LETA	1.2 NAME	Gregory C. Jewell
STREET ADDRESS	33 GARDEN AVE., #910	1.3 STREET ADDRESS	802 N. Ft. Harrison Ave.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34617
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GOTTLIEB, JERRY	2.2 NAME	
STREET ADDRESS	2475 ENTERPRISE, #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	DANGERFIELD, DIANE	3.2 NAME	James B. Evans
STREET ADDRESS	16114 N. FLORIDA AVE.	3.3 STREET ADDRESS	2475 Enterprise Rd. Ste. 300
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JB 6/26
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Gottlieb 3-30-95 (813) 799-0222
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000873