

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 21845 (9) 1. Corporation Name FOUR SEASONS LANDINGS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 444 GULFVIEW BLVD. Suite, Apt. #, etc. 22 City & State 23 CLEARWATER, FL. Zip 24 34630 Country 25 PINELLAS		2a. Mailing Address 26 1443 HAGEN AVENUE Suite, Apt. #, etc. 27 City & State 28 DUNEDIN, FL. Zip 29 34698 Country 30 PINELLAS	
3. Date Incorporated or Qualified 8-11-1988		3a. Date of Last Report 4-1996	
4. FEI Number 59-3049996		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 		MRS. CAROL ALTMAN 640 SOUNDVIEW DRIVE PALM HARBOR, FL 34683	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE CAROL ALTMAN		DATE 4-15-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	
14. I do 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 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.		600002146746 -04/17/97--01083--054 ***61.25	
SIGNATURE: CAROL T. Altman		4-15-97 1-813-733-2131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROL ALTMAN		Date Daytime Phone #	

CR2E037 (9/96)