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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S94839** (5)

1. Corporation Name:
SEASONS REALTY, INC.



Principal Place of Business:
**6413 CONGRESS AVENUE #220
BOCA RATON FL 33487**

Mailing Address:
**6413 CONGRESS AVENUE #220
BOCA RATON FL 33487-2862**

3. Date Incorporated or Qualified: **11/18/1991**
3a. Date of Last Report: **02/05/1996**

4. FEI Number: **65-0299589**
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**POPKIN & SHURPIN PA
2499 GLADES RD
SUITE 114
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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

TITLE: **VPTS** ☐ DELETE
NAME: **HOWELL, MICHAEL J**
STREET ADDRESS: **120 W. GLADES ROAD**
CITY-ST-ZIP: **BOCA RATON FL**

TITLE: **P** ☐ DELETE
NAME: **WEINGARTEN, ALLEN**
STREET ADDRESS: **6413 CONGRESS AVENUE, SUITE 220**
CITY-ST-ZIP: **BOCA RATON FL 33487-2862**

TITLE: **VPS** ☐ DELETE
NAME: **ALBANESE, LEONARD**
STREET ADDRESS: **551 NW 77TH STREET, SUITE 101**
CITY-ST-ZIP: **BOCA RATON FL 33487-2862**

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: ☐ Change ☐ Addition
12 NAME: ☐ Change ☐ Addition
13 STREET ADDRESS: ☐ Change ☐ Addition
14 CITY-ST-ZIP: ☐ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-ST-ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-ST-ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-ST-ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY-ST-ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (change) or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

994-1375

Date

Daytime Phone #

CR2E034 (9/96)