## 2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08904

Entity Name: ALL SEASONS VACATION RESORT CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

13070 GULF BLVD MADEIRA BCH, FL 33708

**Current Mailing Address:** 

13070 GULF BLVD

MADEIRA BCH, FL 33708

FEI Number: 59-2783174 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VACATIA LIBERTE MANAGEMENT LLC 118 107TH AVE TREASURE ISLAND,, FL 33706 US

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.

SIGNATURE: KATHERINE CORSON 08/25/2025

Electronic Signature of Registered Agent

Date

**FILED** 

Aug 25, 2025

Secretary of State 9691949882CC

Officer/Director Detail:

Title PRESIDENT Title VP

NameBLEVINS, DANIELNameGLEATON, WILLIAMAddress13070 GULF BLVDAddress13070 GULF BLVD

City-State-Zip: MADEIRA BCH FL 33708 City-State-Zip: MADEIRA BCH FL 33708

Title TREASURER Title SECRETARY

NameBYRNE, WILLIAMNameLAFORD, RICHARDAddress13070 GULF BLVDAddress13070 GULF BLVD

City-State-Zip: MADEIRA BCH FL 33708 City-State-Zip: MADEIRA BCH FL 33708

TitleDIRECTORTitleDIRECTORNameRAYBORN, MITCHELLNameBROWN, JEFFAddress13070 GULF BLVDAddress13070 GULF BLVD

City-State-Zip: MADEIRA BCH FL 33708 City-State-Zip: MADIERA BEACH FL 33708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD LAFORD

**SECRETARY** 

08/25/2025