

2021 FLORIDA NOT FOR PROFIT CORPORATION 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:**LIBERTE MANAGEMENT GROUP INC.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BLEVINS, DANIEL
Address	10917 SW 83RD AVE.
City-State-Zip:	OCALA FL 34481

Title	VP
Name	GLEATON, WILLIAM
Address	3921 LAKE JOYCE DR.
City-State-Zip:	LAND O LAKES FL 34639

Title	T
Name	CIUNCI, RAYMOND
Address	4704 DEBBIE LANE
City-State-Zip:	LUTZ FL 33559

Title	D
Name	DILIMONE, JOSEPH
Address	4672 DEBBIE LANE
City-State-Zip:	LUTZ FL 33549

Title	S
Name	LAFORD, RICHARD
Address	17105 GULF BLVD. #425
City-State-Zip:	N. REDINGTON BCH. 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: DANIEL BLEVINS**PRESIDENT****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date