



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 05/30/2024
Effective Date: 05/30/2024
UBI #: 601 800 214

Annual Report

BUSINESS INFORMATION

Business Name:

FOUR SEASONS PARK COMMUNITY CLUB

UBI Number:

601 800 214

Business Type:

WA NONPROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

308 S ALDER LN, PORT ANGELES, WA, 98362-8458, UNITED STATES

Principal Office Mailing Address:

308 S ALDER LN, PORT ANGELES, WA, 98362-8458, UNITED STATES

Expiration Date:

05/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

05/12/1967

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

HOMEOWNERS ASSOCIATION

NONPROFIT GROSS REVENUE CERTIFICATION

Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - **Yes**

NONPROFIT CORPORATION'S EIN

Nonprofit EIN: **91-0837588**

REGISTERED AGENT [RCW 23.95.410](#)

**Registered Agent
Name**

Street Address

Mailing Address

TERESA LEHMAN 308 S ALDER LN, PORT ANGELES, WA, 98362-8458,
UNITED STATES

308 S ALDER LN, PORT ANGELES, WA, 98362-8458,
UNITED STATES

PRINCIPAL OFFICE

Phone:

360-457-5772

Email:

LEHMAN1949@HOTMAIL.COM

Street Address:

308 S ALDER LN, PORT ANGELES, WA, 98362-8458, USA

Mailing Address:

308 S ALDER LN, PORT ANGELES, WA, 98362-8458, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TERESA	LEHMAN

NATURE OF BUSINESS

- HOMEOWNERS ASSOCIATION

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **Yes**

CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- **Yes**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- **No**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- **No**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

TERESA LEHMAN

Email:

LEHMAN1949@HOTMAIL.COM

Address:

308 S ALDER LN, PORT ANGELES, WA, 98362-8458, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - **No**

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

TERESA

Last Name:

LEHMAN

Title:

PRESIDENT

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.