

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 706831 (5)**

1. Corporation Name  
**FOUNTAINHEAD ASSOCIATION, INC.**



Principal Place of Business <b>3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308</b>
---	---

3. Date Incorporated or Qualified  
**02/14/1964**

4. FEI Number <b>13-2524871</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**WILLIAMS, JERRY  
3900 OCEAN DRIVE  
LAUD BY THE SEA FL 33308**

**10. Name and Address of New Registered Agent**

**81 Name Michael D. Hanna**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3900 N. Ocean Drive Apt 16B**  
**83**  
**84 City Lauderdale By The Sea FL 85 Zip Code 33308**

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 *Michael D. Hanna* **MICHAEL D. HANNA** **4-7-98**  
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 <b>S</b> <input checked="" type="checkbox"/> DELETE	<b>JOHN KONTOS</b>
NAME	<b>3900 OCEAN DRIVE</b>
STREET ADDRESS	<b>LAND BY THE SEA FL</b>
CITY-ST-ZIP	
TITLE <b>P</b> <input checked="" type="checkbox"/> DELETE	<b>GOODRUM, DAN</b>
NAME	<b>3900 OCEAN DR.</b>
STREET ADDRESS	<b>LAND BY THE SEA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE	<b>RONALD ERTLEY</b>
NAME	<b>3900 OCEAN DR.</b>
STREET ADDRESS	<b>LAND BY THE SEA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE	<b>AYOUD, JOSEPH</b>
NAME	<b>3900 OCEAN DR</b>
STREET ADDRESS	<b>LAUD BY THE SEA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	<b>BOWIE, ROSS</b>
NAME	<b>3900 OCEAN DR.</b>
STREET ADDRESS	<b>LAUD BY THE SEA FL</b>
CITY-ST-ZIP	
TITLE <b>DVP</b> <input checked="" type="checkbox"/> DELETE	<b>BUNTIN, R</b>
NAME	<b>3900 OCEAN DR.</b>
STREET ADDRESS	<b>LAUD BY THE SEA FL</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Michael D. Hanna</b>
1.3 STREET ADDRESS	<b>3900 N. Ocean Drive</b>
1.4 CITY-ST-ZIP	<b>Lauderdale By The Sea FL 33308</b>
2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Margaret Foley</b>
2.3 STREET ADDRESS	<b>3900 N. Ocean Drive</b>
2.4 CITY-ST-ZIP	<b>Lauderdale By The Sea</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Charles Lotzar</b>
3.3 STREET ADDRESS	<b>3900 N. Ocean Drive</b>
3.4 CITY-ST-ZIP	<b>Lauderdale By The Sea FL 33308</b>
4.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>James Caggiano</b>
5.3 STREET ADDRESS	<b>3900 N. Ocean Drive</b>
5.4 CITY-ST-ZIP	<b>Lauderdale By The Sea FL 33308</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *Michael D. Hanna* **MICHAEL D. HANNA** **3/24/98** **954-776-0732**

CP2E037 (10/97)