

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706831** (5)

1. Corporation Name

FOUNTAINHEAD ASSOCIATION, INC.



Principal Place of Business 3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308	Mailing Address 3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308
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3. Date Incorporated or Qualified 02/14/1964
4. FEI Number 13-2524871
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 City 84 City Lauderdale By The Sea FL 85 Zip Code 33308
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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	S <input checked="" type="checkbox"/> DELETE
NAME	JOHN KONTOS
STREET ADDRESS	3900 OCEAN DRIVE
CITY-ST-ZIP	LAND BY THE SEA FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GOODRUM, DAN
STREET ADDRESS	3900 OCEAN DR.
CITY-ST-ZIP	LAND BY THE SEA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RONALD ERTLEY
STREET ADDRESS	3900 OCEAN DR.
CITY-ST-ZIP	LAND BY THE SEA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AYOUD, JOSEPH
STREET ADDRESS	3900 OCEAN DR
CITY-ST-ZIP	LAUD BY THE SEA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOWIE, ROSS
STREET ADDRESS	3900 OCEAN DR.
CITY-ST-ZIP	LAUD BY THE SEA FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	BUNTIN, R
STREET ADDRESS	3900 OCEAN DR.
CITY-ST-ZIP	LAUD BY THE SEA FL

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

CR2E037 (10/97)