

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90082 001 ****61.25

DOCUMENT # 706831

1. Entity 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 33308-5904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2524871

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANNA, MICHAEL D.
 3900 OCEAN DRIVE
 APT 16B
 LAUD BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name **RONALD ERTLEY**
 Street Address (P.O. Box Number is Not Acceptable)
**3900 NORTH OCEAN DRIVE
 APT. GC**
 City **LAUDERDALE BY THE SEA FL** Zip Code **33308**

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 **RONALD ERTLEY, PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-00
 DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	HANNA, MICHAEL D. 3900 OCEAN DRIVE LAND BY THE SEA FL 33308	<input checked="" type="checkbox"/>	DIRECTOR	DANIEL GOODRUM	3900 OCEAN DRIVE	LAUD BY THE SEA FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	LILLIAN, VERA 3900 OCEAN DR. LAND BY THE SEA FL 33308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RONALD ERTLEY 3900 OCEAN DR. LAND BY THE SEA FL	<input type="checkbox"/>	PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	AYOUD, JOSEPH 3900 OCEAN DR LAUD BY THE SEA FL	<input checked="" type="checkbox"/>	TREASURER	DORIS CONWAY	3900 OCEAN DRIVE	LAUD BY THE SEA FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LOTZAR, CHARLES 3900 OCEAN DR. LAUD BY THE SEA FL 33308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	CAGGIANO, JAMES 3900 OCEAN DR. LAUD BY THE SEA FL 33308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 stated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00 **954-776-0732**
 Date Daytime Phone #

CR2E037 (9/99)