


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90293 048 ****61.25

DOCUMENT # 706831							
1. Entity Name FOUNTAINHEAD ASSOCIATION, INC.							
Principal Place of Business 3900 N. OCEAN DR. LAUDERDALE BY THE SEA, FL 33308		Mailing Address 3900 N. OCEAN DR. LAUDERDALE BY THE SEA, FL 33308					
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			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
POLIAKOFF, GARY A PRES C/O BECKER & POLIAKOFF, PA 3111 STIRLING ROAD FT LAUDERDALE, FL 33312			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	BVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHURCH, DONALD		NAME	Link Jack			
STREET ADDRESS	3900 N. OCEAN DRIVE #150		STREET ADDRESS	3900 N. Ocean Dr. # 4B			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOGGERS, THOMAS		NAME	Boggers, Thomas			
STREET ADDRESS	3900 N OCEAN DR, # 14C		STREET ADDRESS	3900 N. ocean Dr. # 14C			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
TITLE	T	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUFFHAM, BENSON		NAME	Fountainhead Raymond			
STREET ADDRESS	3900 NORTH OCEAN DRIVE, # 16E		STREET ADDRESS	3900 N. Ocean Dr. # 10A			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERNA, LILLIAN		NAME	Verna, Lillian			
STREET ADDRESS	3900 N. OCEAN DR #LE		STREET ADDRESS	3900 N. Ocean Dr. # 1E			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TSCHERNIA, BERNIE		NAME	Cordaro, Linda			
STREET ADDRESS	3900 N OCEAN DR, # 3B		STREET ADDRESS	3900 N. Ocean Dr. # 16H			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
TITLE	OD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERTLEY, RONALD		NAME	Ertley, Ronald			
STREET ADDRESS	3900 N. OCEAN DR #GD		STREET ADDRESS	3900 N. Ocean Drive # GD			
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308		CITY-ST-ZIP	L B T S FL 33308			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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: <u>Verna Lillian Verna</u> _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							



04042006 Chg-NP CR2E037 (11/05)

ATTACHMENT

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Pg. 2

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City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 13-2524871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A PRES C/O BECKER & POLIAKOFF, PA 3111 STIRLING ROAD FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D CHURCH, DONALD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3900 N. OCEAN DRIVE #150	NAME	Director
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	Cardenas, Rigo
CITY-ST-ZIP		CITY-ST-ZIP	3900 N. Ocean Dr # 3H
TITLE	VP BOGGERS, THOMAS <input type="checkbox"/> Delete	TITLE	Director
NAME	3900 N OCEAN DR, # 14C	NAME	Wright, Roger
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	3900 N. Ocean Dr. # 2D
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T BUFFHAM, BENSON <input type="checkbox"/> Delete	TITLE	
NAME	3900 NORTH OCEAN DRIVE, # 16E	NAME	
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD VERNA, LILLIAN <input type="checkbox"/> Delete	TITLE	
NAME	3900 N. OCEAN DR #LE	NAME	
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TSCHERNIA, BERNIE <input type="checkbox"/> Delete	TITLE	
NAME	3900 N OCEAN DR, # 3B	NAME	
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	OD ERTLEY, RONALD <input type="checkbox"/> Delete	TITLE	
NAME	3900 N. OCEAN DR #GD	NAME	
STREET ADDRESS	LAUD BY THE SEA, FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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: <i>Lillian Verna</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
_____		Lillian Verna	
_____		Date	
_____		Daytime Phone #	

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