2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

				04-13-2006 90293 048 ****61.25
1. Entity Name	MENT #706831 WHEAD ASSOCIATION, INC	C.		
Principal Place 3900 N. OCEA LAUDERDALE		Mailing Address 3900 N. OCEAN DR. LAUDERDALE BY THE SEA	A, FL 33308	I JOSHI JERU REJER ESHE DINE IKALATI BERI DERE DINE BIRA KALATI
2. Principal Pla	ace of Business	3. Mailing Address		
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		04042006 Chg-NP CR2E037 (11/05)
City & State		City & State		4. FEI Number Applied For 13-2524871 Not Applicable
Zíp	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
DOLLAROE	E CARY A RREC		Name	
C/O BECK	F, GARY A PRES ER & POLIAKOFF, PA LING ROAD		Street Addr	ess (P.O. Box Number is Not Acceptable)
	RDALE, FL 33312			
	**************************************		City	FL Zip Code
		r the purpose of changing its re	egistered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligation	ons of registered agent.			
SIGNATURE _	Signature, Speed or printed name of registered agent			
1			Registered Agent signature r	equired when reinstating) DATE .
		and tille if applicable. (NOTE: R	Registered Agent signature r	equired when reunstating) DATE .
	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be Make check payable to
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706831 FOUNTAINHEAD ASSOCIATION, INC. Principal Place of Business Mailing Address 3900 N. OCEAN DR. 3900 N. OCEAN DR. LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E037 (11/05) Chg-NP Applied For 4. FEI Number 13-2524871 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POLIAKOFF, GARY A PRES C/O BECKER & POLIAKOFF, PA Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FT LAUDERDALE, FL 33312 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Director Rigo Addition TITLE Delete. TITLE ☐ Change CHURCH, DONALD 3900 R ECCOND # 3H NAME NAME 3900 N. OCEAN DRIVE #150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL33308 LAUD BY THE SEA, FL 33308 CITY-ST-ZIP VΡ ☐ Change 1 Addition TITLE ☐ Delete TITLE Director. NAME BOGGERS, THOMAS NAME wright, Riger 39th Docan or # 20 3900 N OCEAN DR, # 14C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUD BY THE SEA, FL 33308 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BUFFHAM, BENSON NAME NAME STREET ADDRESS 3900 NORTH OCEAN DRIVE, # 16E STREET ADDRESS LAUD BY THE SEA, FL 3,3308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition VERNA, LILLIAN NAME NAME STREET ADDRESS 3900 N. OCEAN DR #LE STREET ADDRESS LAUD BY THE SÉA, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change TSCHERNIÁ, BERNIE NAME NAME 3900 N ØCEAN DR, # 3B STREET ADDRESS STREET ADDRESS LAUD/BY THE SEA, FL 33308 CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE OD/ ☐ Delete TITLE ERTLEY, RONALD NAME NAME 3900 N. OCEAN DR #GD STREET ADDRESS STREET ADDRESS LAUD BY THE SEA, FL 33308 CITY-ST-ZIP CITY-ST-ZIP 12. I holeby 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.

Zillizn Verna

Davime Phone #

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SIGNATURE