

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-17-2003 90086 024 ****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**

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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERTLEY, RONALD
3900 NORTH OCEAN DRIVE
APT GC
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **CASTLE MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)

4460 W. Sunrise Blvd. #C-100

City **Plantation**

FL

Zip Code **33313**

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

3-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **LILLIAN, VERNA**
STREET ADDRESS **3900 OCEAN DR.**
CITY-ST-ZIP **LAND BY THE SEA FL 33308**

TITLE **P** ☒ Delete
NAME **RONALD ERTLEY**
STREET ADDRESS **3900 OCEAN DR.**
CITY-ST-ZIP **LAND BY THE SEA FL 33308**

TITLE **T** ☒ Delete
NAME **DAVIS, SHEILA**
STREET ADDRESS **3900 NORTH OCEAN DRIVE**
CITY-ST-ZIP **LAUD BY THE SEA FL 33308**

TITLE **D** ☐ Delete
NAME **MCCOLLUM, SHIRLEY**
STREET ADDRESS **3900 NORTH OCEAN DRIVE**
CITY-ST-ZIP **LAUD BY THE SEA FL 33308**

TITLE **D** ☒ Delete
NAME **CAGGIANO, JAMES**
STREET ADDRESS **3900 OCEAN DR.**
CITY-ST-ZIP **LAUD BY THE SEA FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P, D** ☐ Change ☒ Addition
NAME **DONALD CHURCH**
STREET ADDRESS **3900 N OCEAN DR**
CITY-ST-ZIP **LAUD. BY THE SEA, FL 33308**

TITLE **VP, D** ☐ Change ☒ Addition
NAME **JOHN ZINK**
STREET ADDRESS **3900 N. OCEAN DR.**
CITY-ST-ZIP **LAUD. BY THE SEA, FL 33308**

TITLE **TREAS. D** ☐ Change ☒ Addition
NAME **BENSON BUFFHAM**
STREET ADDRESS **3900 N. OCEAN DR.**
CITY-ST-ZIP **LAUD. BY THE SEA, FL 33308**

TITLE **SEC. D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **WAYNE SIEVERS**
STREET ADDRESS **3900 N. OCEAN DR.**
CITY-ST-ZIP **LAUD. BY THE SEA, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 OF REGISTERED AGENT

Date

Daytime Phone #

3-12-03 254-776-0732

CR2037 (10/02)