

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 032 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<div style="display: flex; justify-content: space-between;"> 752371 </div>			
1. Entity Name FOUNTAIN LAKE ASSOCIATION, INC.			
Principal Place of Business 5503 FOUNTAIN LAKE DR APT A 105 BRADENTON, FL 34207		Mailing Address 5503 FOUNTAIN LAKE DR APT A 105 BRADENTON, FL 34207	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2221850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent BAILEY, CRAIG 5503 FOUNTAIN LAKE CIRCLE APT A 105 BRADENTON, FL 34207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BAILEY, CRAIG STREET ADDRESS 5503 FOUNTAIN LAKE CIR #A-105 CITY-ST-ZIP BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MONAGHAN, MARTY STREET ADDRESS 5507 FOUNTAIN LAKE CIR B-207 CITY-ST-ZIP BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME NEAL, NICOLE STREET ADDRESS 5507 FOUNTAIN LAKE CIRCLE B-105 CITY-ST-ZIP BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE SD NAME Hodges, Nicole STREET ADDRESS 5507 FOUNTAIN LAKE CIR B-105 CITY-ST-ZIP BRADENTON, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DANIELS, BARBARA STREET ADDRESS 1906 GULF DR N 107 CITY-ST-ZIP BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete	TITLE TD NAME MICHAEL, MARIA STREET ADDRESS 5509 FOUNTAIN LAKE CIR C109 CITY-ST-ZIP BRADENTON, FL 34207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME EVANS, DEBORAH STREET ADDRESS 2406 SE 20TH CT. CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE D NAME Bailey, Joann STREET ADDRESS 10159 Cherry Hills Ave CR CITY-ST-ZIP BRADENTON, FL 34202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		3/30/04 812/8292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	