

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-15-2001 90189 007 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007734

1. Entity Name
THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSO

Principal Place of Business
13131 UNIVERSITY DR.
FT. MYERS FL 33907

Mailing Address
13131 UNIVERSITY DR.
FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, LISA H
921 FIFTH AVE. SOUTH, STE. 201
NAPLES FL 34102

Name: PAMELA K. VAN VLECK
Street Address (P.O. Box Number is Not Acceptable):
CP GRUBB & ELLIS
13131 UNIVERSITY DRIVE
City: FT. MYERS FL Zip Code: 33907

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.

SIGNATURE: *Pamela K. Van Vleck* PAMELA K. VAN VLECK 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D SOLOVEY, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	9550 BAY HARBOR TERR., STE. 215	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D SOLOVEY JOE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10922 NW. 18th PL.	
CITY-ST-ZIP	PLANTATION, FLA 33322	
TITLE NAME	D Pamela Van Vleck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	c/o Grubb & Ellis, 13131 University Dr	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE NAME	D C. Gene Van Vleck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	c/o Grubb & Ellis, 13131 University Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-01

Daytime Phone #

CR2E037 (10/00)