2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007734

FILED Jul 06, 2004 Secretary of State

Entity Name: THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3350 WOODS EDGE CIR 3350 WOODS EDGE CIR

103 104

BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

3350 WOODS EDGE CIR 3350 WOODS EDGE CIR

03 104

BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134

FEI Number: 65-0144715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, SUSAN L
3350 WOODS EDGE CIR
THOMPSON, SUSAN L
3350 WOODS EDGE CIR

103 BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

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: SUSAN L. THOMPSON 07/06/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: SOLOVEY, JOE Name: SOLOVEY, JOSEPH

Address: 10922 NW 18TH PLACE Address: 10922 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322

 Name:
 THOMPSON, SUSAN
 Name:
 SOLOVEY, NOGA

 Address:
 3350 WOODS EDGE CIR, STE 103
 Address:
 10922 NW 18TH PLACE

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:
 PLANTATION, FL 33322

Title: D () Change (X) Addition

 Name:
 Name:
 SATANOSKY, SELMO

 Address:
 Address:
 10922 NW 18TH PLACE

 City-St-Zip:
 City-St-Zip:
 PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SOLOVEY D 07/06/2004