


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 040 ****61.25


DOCUMENT # N00000007734

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



Principal Place of Business 3350 WOODS EDGE CIR 104 BONITA SPRINGS, FL 34134	Mailing Address 3350 WOODS EDGE CIR 104 BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0144715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN L
 3350 WOODS EDGE CIR
 104
 BONITA SPRINGS, FL 34134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

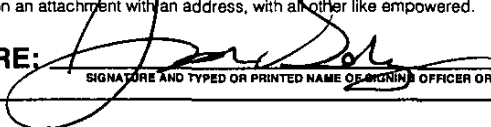
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOVEY, JOSEPH 10922 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOVEY, NOGA 10922 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATANOSKY, SELMO 10922 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/14/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #