


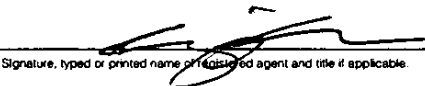
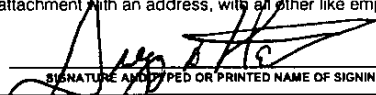
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90105 045 \*\*\*\*61.25

40109350



<b>DOCUMENT # N00000007734</b>					
1. Entity Name <b>THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED PROPERTY MGMT SVCS, INC 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110</b>			Mailing Address <b>ADVANCED PROPERTY MGMT SVCS, INC 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110</b>		
2. Principal Place of Business - No P.O. Box # <i>Colonial Square Realty</i>		3. Mailing Address <i>c/o Colonial Square Realty</i>			
Suite, Apt. #, etc. <i>1048 Goodlette Road</i>		Suite, Apt. #, etc. <i>1048 Goodlette Road</i>			
City & State <i>Naples Florida</i>		City & State <i>Naples Florida</i>		03262007 Chg-NP CR2E037 (12/06)	
Zip <i>34102</i>		Country <i>USA</i>		4. FEI Number <b>65-0144715</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>ADVANCED PROPERTY MGMT SVCS, INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent Name <i>Colonial Square Realty Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>1048 Goodlette Road</i> City <i>Naples</i> FL Zip Code <i>34102</i>		
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 <i>4/26/07</i>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOLOVEY, JOSEPH P.O. BOX 17446 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTOCCIO, GREG 3380 WOODS EDGE CIRCLE, #104 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP</i>	<input checked="" 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	<i>DST Ballard, Mary P.O. Box 17446 Plantation FL 33318</i>	<input type="checkbox"/> Change <input checked="" 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
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
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 exemptions contained in Chapter 119, 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: 		Director <i>Greg Martoccio</i>		Date <i>4/25/07</i> Daytime Phone # <i>239-495-9007</i>	

ATTACHMENT

40109356

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Fountains Professional Park Condominium Association, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N00000007734

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chip Olson  
(Name of Contact Person)

Colonial Square Realty, Inc.  
(Firm/Company)

1048 Goodlette Road  
(Address)

Naples, Florida 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chip Olson at ( 239 ) 261-2627  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ATTACHMENT

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

40109356

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Colonial Square Realty, Inc.

2. The principal office address: 1048 Goodlette Road, Naples, FL 34101

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/17/2000 Document number: N00000007734

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Advanced Property Management

1035 Collier Center Road #7

Naples, Florida 34110

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

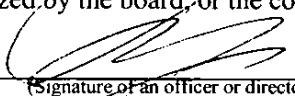
Colonial Square Realty, Inc.

1048 Goodlette Road, Naples, FL 34102

(P.O. Box NOT acceptable)


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

Joseph Solovey  
\_\_\_\_\_  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

3-26-07  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:  
Colonial Square Realty, Inc.  
\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*