
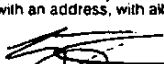


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3) **FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 006 \*\*\*\*61.25

DOCUMENT # N00000007734			
1. Entity Name THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business COLONIAL SQUARE REALTY 1048 GOODLETTE RD NAPLES, FL 34102		Mailing Address COLONIAL SQUARE REALTY 1048 GOODLETTE RD NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # Fountains Professional Park Suite, Apt. #, etc. Woods Edge Circle City & State Bonita Springs FL		3. Mailing Address PO Box 10608 Suite, Apt. #, etc. City & State Naples FL	
Zip 34134	Country USA	Zip 34101	Country USA
6. Name and Address of Current Registered Agent COLONIAL SQUARE REALTY INC 1048 GOODLETTE RD #7 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) <del>PO Box 10608</del> 1048 Goodlette Road #201 City Naples FL Zip Code 34102	
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  Clifford Olson DATE 3/25/08 <small>Signature, typewritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
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	DVP MARTOCCIO, GREG 3380 WOODS EDGE CIRCLE, #104 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Woltz, Yekutiel 2526 Jardin Drive Weston FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BALLARD, MARY PO BOX 17446 FORT LAUDERDALE, 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	<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:  Clifford Olson DATE 3/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			