2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009392

1. Entity Name
FOUNTAIN COURT PGI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
255 WEST END DRIVE PUNTA GORDA, FL 33950-000	255 WEST END DRIVE PUNTA GORDA, FL 33950-000

DO NOT WRITE IN THIS SPACE

08242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
32-0078646
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948-1088

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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 September 8, 2004

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

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	PIZZUTI, DON
STREET ADDRESS	197 PORTLAND STREET
CITY-ST-ZIP	BOSTON, MA 02114
TITLE	VSD
NAME	WISE, JOHN
STREET ADDRESS	175 PORTLAND STREET
CITY-ST-ZIP	BOSTON, MA 02114
TITLE	D
NAME	REGAN, JEAN
STREET ADDRESS	175 PORTLAND STREET
CITY-ST-ZIP	BOSTON, MA 02114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000171278
08/30/04-80011-020 61.25

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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: _____ JOHN B. WISE 8/25/04 617-723-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #