## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003488

FILED Apr 30, 2007 Secretary of State

Entity Name: FOUNTAIN PARKE MASTER PROPERTY OWNERS ASSOCIATION, INC.

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

3434 COLWELL AVE 3434 COLWELL AVENUE

#200 SUITE 200

TAMPA, FL 33614 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

3434 COLWELL AVE 3434 COLWELL AVENUE

#200 SUITE 200

TAMPA, FL 33614 TAMPA, FL 33614

FEI Number: 20-3958078 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:

RIZZETTA & COMPANY RIZZETTA & COMPANY, INC. 3434 COLWELL AVE 3434 COLWELL AVENUE \$200 SUITE 200

TAMPA, FL 33614 US TAMPA, FL 33614 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: WILLIAM J. RIZZETTA 04/30/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: P (X) Change( ) Addition

Name: MOSS, DAVID Name: BARFIELD, WILLIAM

Address: 5850 T.G. LEE BLVD., SUITE 102 Address: 5850 T.G. LEE BOULEVARD, SUITE 600

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete Title: VP (X) Change ( ) Addition

Name: MURPHY, BRANDY Name: LAWSON, ROBERT

Address: 5850 T.G. LEE BLVD., SUITE 102 Address: 5850 T.G. LEE BOULEVARD, SUITE 600

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete Title: ST (X) Change ( ) Addition Name: LAWSON, ROBERT Name: MURPHY, BRANDY S

Address: 5850 T.G. LEE BLVD., SUITE 102 Address: 5850 T.G. LEE BOULEVARD, SUITE 600

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM BARFIELD P 04/30/2007