


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010093 1. Entity Name FOUNDATION PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236	Mailing Address 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236
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03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1705835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG PA
 ATTN: F. THOMAS HOPKINS
 2033 MAIN ST STE 600
 SARASOTA, FL 34237

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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, 2007

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

U00000664254
03/22/07-80037-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LAYTON, CATHY
STREET ADDRESS	269 SOUTH OSPREY AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DS
NAME	RUSSELL, STEPHEN D
STREET ADDRESS	269 SOUTH OSPREY AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LAWSON, DONALD M
STREET ADDRESS	107 SOUTH OSPREY AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LAWSON, LISA M
STREET ADDRESS	107 SOUTH OSPREY AVE
CITY-ST-ZIP	SARASOTA, FL 34236
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 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:  DATE: 3/1/07 DAYTIME PHONE #: (941) 953-3757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR