


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90051 025 ****61.25

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| DOCUMENT # N05000010093 | |  | |
| 1. Entity Name FOUNDATION PARK CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236 | | Mailing Address 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236 | |
| 2. Principal Place of Business - No P.O. Box # <i>107 South Osprey</i> Suite, Apt. #, etc. <i>Suite 100</i> | | 3. Mailing Address <i>107 South Osprey</i> Suite, Apt. #, etc. <i>Suite 100</i> | |
| City & State <i>SARASOTA, FL</i> | | City & State <i>SARASOTA, FL</i> | |
| Zip <i>34236</i> | Country <i>USA</i> | Zip <i>34236</i> | Country |
| 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 | | 7. Name and Address of New Registered Agent Name <i>Lisa Dotson LAWSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>107 South Osprey</i> City <i>Sarasota</i> FL Zip Code <i>34236</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT LAYTON, CATHY 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Tom Wessel</i> <i>269 South Osprey, Ste 201</i> <i>SARASOTA, FL 34236</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RUSSELL, STEPHEN D 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236 <input checked="" 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 | D LAWSON, DONALD M 107 SOUTH OSPREY AVE SARASOTA, FL 34236 <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 | D LAWSON, LISA M 107 SOUTH OSPREY AVE SARASOTA, FL 34236 <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: <i>Lisa M. Lawson</i> | | Date: <i>4-3-2008</i> Daytime Phone #: <i>941 366 4006</i> | |