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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14528 (6)**

1. Corporation Name
FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.



Principal Place of Business: % RITA ALWINE, 9128 BLAIRMOR RD, TAMPA FL 33635
Mailing Address: 8900 SHELDON ROAD, TAMPA FL 33635, US

3. Date Incorporated or Qualified: 04/21/1986
3a. Date of Last Report: 10/23/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 06-0197900	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
NELSON, LEONARD 8811 MORGAN ROAD TAMPA FL 33635		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)	8811 MORAN LANE	
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	WARRERN, TERRY	11 TITLE: WARREN, TERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WARRERN, TERRY	8828 NAUTLIS DRIVE	12 NAME: WARREN, TERRY	
STREET ADDRESS: 8828 NAUTLIS DRIVE	TAMPA FL	13 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		14 CITY-ST-ZIP:	
TITLE: VD	JOHNSON LOUIS	21 TITLE: BLAIRMOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON LOUIS	9113 BLAIRMORE RD	22 NAME: BLAIRMOR	
STREET ADDRESS: 9113 BLAIRMORE RD	TAMPA FL	23 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		24 CITY-ST-ZIP:	
TITLE: TD	NELSON, LEONARD	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, LEONARD	8811 MORAN LANE	32 NAME:	
STREET ADDRESS: 8811 MORAN LANE	TAMPA FL	33 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		34 CITY-ST-ZIP:	
TITLE: D	PIATEK, TED	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PIATEK, TED	8807 WELLINGTON DR	42 NAME:	
STREET ADDRESS: 8807 WELLINGTON DR	TAMPA FL	43 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		44 CITY-ST-ZIP:	
TITLE: SD	ALWINE, RITA	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALWINE, RITA	9128 BLAIRMOR RD	52 NAME:	
STREET ADDRESS: 9128 BLAIRMOR RD	TAMPA FL	53 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		54 CITY-ST-ZIP:	
TITLE: D	DONEGAN, SHIRLEY	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONEGAN, SHIRLEY	88-21 SUNNINGDALE RD	62 NAME:	
STREET ADDRESS: 88-21 SUNNINGDALE RD	TAMPA FL	63 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard Nelson* LEONARD NELSON 1-18-96 (813) 884-4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)