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FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 1-29-97

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: 8800 SHELDON ROAD, TAMPA FL 33635-1354, US

3. Date Incorporated or Qualified: 04/21/1986
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 06-0197900
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent
NELSON, LEONARD
8811 MORAN LANE
TAMPA FL 33635

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WARREN, TERRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8828 NAUTLIS DRIVE	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD JOHNSON LOUIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9113 BLAIRMOR RD.	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD NELSON, LEONARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8811 MORAN LANE	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PIATEK, TED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8807 WELLINGTON DR	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD ALWINE, RITA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9128 BLAIRMOR RD	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DONEGAN, SHIRLEY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	88-21 SUNNINGDALE RD	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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* 1-29-97 (813) 884-4253

CR2E037 (9/96)