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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14528

1. Corporation Name

FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.

126312 - 90052 - 44

Principal Place of Business

% RITA ALWINE  
9128 BLAIRMOR RD.  
TAMPA FL 33635

Mailing Address

8800 SHELDON ROAD  
TAMPA FL 33635  
US



2. Principal Place of Business

21 LEONARD NELSON

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/21/1986

22 8811 MORAN LN

27 City & State

4. FEI Number  
06-0197900

Applied For  
Not Applicable

23 TAMPA FL

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33635

25 HILLSBORO

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME WARREN, TERRY  
STREET ADDRESS 8828 NAUTLIS DRIVE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME JOHNSON LOUIS  
STREET ADDRESS 9113 BLAIRMOR RD.  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME VD DEVOST DAN  
2.3 STREET ADDRESS 8820 HIGBIE PLACE  
2.4 CITY-ST-ZIP TAMPA FL

TITLE TD  DELETE  
NAME NELSON, LEONARD  
STREET ADDRESS 8811 MORAN LANE  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
3.2 NAME PTD  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME ALWINE, RITA  
STREET ADDRESS 9128 BLAIRMOR RD  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME D STILLMAN ROBERT  
5.3 STREET ADDRESS 8812 TORREY RD  
5.4 CITY-ST-ZIP TAMPA FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME D STILLMAN SANNA  
6.3 STREET ADDRESS 8812 TORREY RD.  
6.4 CITY-ST-ZIP TAMPA FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 upon attachment with an address, with all other like empowered.

SIGNATURE:

*Leonard Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 (813) 884-4253

Date

Daytime Phone #

CR2E037 (1/198)