


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 043 ****61.25

DOCUMENT # N14528					
1. Entity Name FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.					
Principal Place of Business FOUNTAINVIEW ESTATE 8800 SHELDON RD TAMPA, FL 33635			Mailing Address FOUNTAINVIEW ESTATE 8800 SHELDON RD TAMPA, FL 33635 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-0197900	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARR, WILLIAM D SR 8818 NAUTILUS DR TAMPA, FL 33635			Name HAZEN, KEITH Street Address (P.O. Box Number is Not Acceptable) 9124 BLAIRMOOR RD City TAMPA FL Zip Code 33635		
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 <i>Keith Hazen</i> <small>Signature, typed or printed name of registered agent and the filer, if applicable.</small>			DATE JULY 11, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		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	T	<input type="checkbox"/> Delete	TITLE	P-LORETTA MYDLOWSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFOUNTAIN, ALICE		NAME	9124 BLAIRMOOR RD	
STREET ADDRESS	9117 GROSSE PTE BLVD		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D-SHARON CAMPBELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTOX, HARRIETT		NAME	9126 BERKSHIRE LN	
STREET ADDRESS	9147 GROSSE POINTE BLVD		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D-JUDY MARTUCCI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESMERISES, MAY		NAME	9146 GROSSE PTE BLVD	
STREET ADDRESS	8814 WESTCHESTER RD		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D-KATIE JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESMERISES, ROBERT		NAME	9115 MCMILLAN LN	
STREET ADDRESS	8814 WESTCHESTER RD		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D JEAN BONIELLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAY, ELIZABETH A		NAME	8825 BRYN DR.	
STREET ADDRESS	9016 NAUTILUS DR		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	RA	<input checked="" type="checkbox"/> Delete	TITLE	D- TONY MARTINEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, WILLIAM D SR		NAME	9133 MCMILLAN LN	
STREET ADDRESS	8818 NAUTILUS DR		STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
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>Alice C. Lafountain</i>			ALICE C. LAFOUNTAIN 7-11-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		



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