


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90054 050 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-0197900	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent FARR, WILLIAM D SR 8818 NAUTILUS DR TAMPA FL 33635			7. Name and Address of New Registered Agent Name: HAZEN, KEITH Street Address (P.O. Box Number is Not Acceptable): 9124 BLAIRMOR 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: *Keith Hazen* DATE: FEB 8 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFOUNTAIN, ALICE		NAME	MYDLOWSKI, LORETTA	
STREET ADDRESS	9117 GROSSE PTE BLVD		STREET ADDRESS	9124 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, SHARON		NAME	MARTINEZ, MELODY	
STREET ADDRESS	9126 BERKSHIRE LN		STREET ADDRESS	9133 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESMERISES, MAY		NAME	JONES, KATIE	
STREET ADDRESS	8814 WESTCHESTER RD		STREET ADDRESS	9115 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESMERISES, ROBERT		NAME	JONES, GRETCHEN	
STREET ADDRESS	8814 WESTCHESTER RD		STREET ADDRESS	9113 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAY, ELIZABETH A		NAME	BONIELLO, JEAN	
STREET ADDRESS	9016 NAUTILUS DR		STREET ADDRESS	8825 BRYSDR	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, TONY		NAME	MARTUCCI, JUDY	
STREET ADDRESS	9133 MCMILLAN LN		STREET ADDRESS	9146 GROSSE PTE BLVD	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alice La Fountain* ALICE LAFOUNTAIN FEB. 6, 2007 813-889-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #