


**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 Mailing Address  
**FOUNTAINVIEW ESTATE** **FOUNTAINVIEW ESTATE**  
**8800 SHELDON RD** **8800 SHELDON RD**  
**TAMPA FL 33635** **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  
 City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)  
 4. FEI Number **06-0197900** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	LAFOUNTAIN, ALICE	
STREET ADDRESS	9117 GROSSE PTE BLVD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, SHARON	
STREET ADDRESS	9126 BERKSHIRE LN	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESMERISES, MAY	
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESMERISES, ROBERT	
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAY, ELIZABETH A	
STREET ADDRESS	9016 NAUTILUS DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, TONY	
STREET ADDRESS	9133 MCMILLAN LN	
CITY-ST-ZIP	TAMPA FL 33635	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYDLOWSKI, LORETTA	
STREET ADDRESS	9124 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, MELODY	
STREET ADDRESS	9133 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, KATIE	
STREET ADDRESS	9115 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, GRETCHEN	
STREET ADDRESS	9113 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONIELLO, JEAN	
STREET ADDRESS	8825 BRYSD DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTUCCI, JUDY	
STREET ADDRESS	9146 GROSSE PTE BLVD	
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 #