


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90015 041 \*\*\*\*61.25

<b>DOCUMENT # N14528</b> 1. Entity Name <b>FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.</b>			
Principal Place of Business		Mailing Address	
FOUNTAINVIEW ESTATE 8800 SHELDON RD TAMPA FL 33635		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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAZEN, KEITH 9124 BLAIRMOR RD TAMPA FL 33635		Name <b>ANTONIO MARTINEZ</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>9133 MCMILLAN LANE</b>	
		City <b>TAMPA</b>	State <b>FL</b> Zip Code <b>33635</b>
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 _____		Signature: <i>Antonio Martinez</i> DATE: <b>4-24-08</b>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<del>R. KATIE JONES, KATIE</del>
STREET ADDRESS		STREET ADDRESS	<b>9115 MCMILLAN LANE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>GRETCHEN</b>
STREET ADDRESS		STREET ADDRESS	<b>9113 BLAIR MOOR RD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>BONIELLO, JEAN</b>
STREET ADDRESS		STREET ADDRESS	<b>8825 BRYSDR.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MARTUCCI, JUDY</b>
STREET ADDRESS		STREET ADDRESS	<b>9146 GROSSE PTE BLVD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33635</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>DI MARTINO, JOSEPHINE</b>
STREET ADDRESS		STREET ADDRESS	<b>8817 LOCHMOOR RD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>VARNUM, SUE</b>
STREET ADDRESS		STREET ADDRESS	<del>9140 MCMILLAN LANE</del>
CITY-ST-ZIP		CITY-ST-ZIP	<b>8829 WELLINGTON DR, TAMPA, FL 33635</b>

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 LaFountain*      *ALICE LAFOUNTAIN*  
 April 24, 2008      813 8897322