

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14528

FILED  
May 04, 2009  
Secretary of State

Entity Name: FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.

**Current Principal Place of Business:**

FOUNTAINVIEW ESTATE  
8800 SHELDON RD  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

FOUNTAINVIEW ESTATE  
8800 SHELDON RD  
TAMPA, FL 33635 US

**New Mailing Address:**

FEI Number: 06-0197900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARTINEZ, ANTONIO  
9133 MCMILLAN LANE  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LAFOUNTAIN, ALICE  
Address: 9117 GROSSE PTE BLVD  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: JONES, GRETCHEN  
Address: 9113 BLAIR MOOR RD  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: MYDLOWSKI, LORETTA  
Address: 9124 BLAIRMOOR RD  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: MARTINEZ, MELODY  
Address: 9133 MCMILLAN LANE  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: GAY, ELIZABETH A  
Address: 9016 NAUTILUS DR  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: VARNUM, SUE  
Address: 8829 WELLINGTON DRIVE  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KNUDSEN, BARBARA  
Address: 8801 MORAN  
City-St-Zip: TAMPA, FL 33635

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO MARTINEZ

RA

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date