

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # N21774 (7)
1. Corporation Name
FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **22700 S. TAMiami TRAIL ESTERO FL 3 US**
Mailing Address: **523 SO 8TH ST MINNEAPOLIS MN 55404 US**

3. Date Incorporated or Qualified: **07/29/1987**
3a. Date of Last Report: **02/06/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number: 06-1230266		Applied For	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBOEST, RICHARD D. 1415 HENDRY ST. FORT MYERS FL 33901				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENGELSMA, DANIEL W.		1.2 NAME: Engelsma, Daniel W.	
STREET ADDRESS: 523 SOUTH 8TH STREET		1.3 STREET ADDRESS: 4220 W. Old Shakopee Road, Ste 200	
CITY-ST-ZIP: MINNEAPOLIS MN		1.4 CITY-ST-ZIP: Bloomington, MN 55437	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DAHLBERG, BURTON F.		2.2 NAME: Dahlberg, Burton F.	
STREET ADDRESS: 523 SOUTH 8TH STREET		2.3 STREET ADDRESS: 4220 W. Old Shakopee Road, Ste 200	
CITY-ST-ZIP: MINNEAPOLIS MN		2.4 CITY-ST-ZIP: Bloomington, MN 55437	
TITLE: STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SUNDIN, GORDON, JR.		3.2 NAME: Anders, Jim	
STREET ADDRESS: 22700 S. TAMiami TRAIL		3.3 STREET ADDRESS: 22700 S. Tamiami Trail	
CITY-ST-ZIP: ESTERO FL		3.4 CITY-ST-ZIP: Estero, Florida	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)