FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.

Principal Place	of Busines	s	Mailing	Mailing Address					I ANDRICINAL RESID ALBERT ESPOR SERVICE CONTRACT	HAL BREAT BIBLI	\$100 BINK \$	IVII VAN 1001	
22700 S. TAMIA ESTERO FL 3 US	AMI TRAIL			523 SO 8TH ST MINNEAPOLIS MIN 55404-1030 US									
								3.	Date Incorporated or Qualified 07/29/1987	3a. Date	of Last R 14/24/19	eport 96	
2. Principal Pl	ace of Busin	ness		2a. Mailing Address				4.	FÉI Number 06-1230266		AF	plied For	
21			26	Suite. Apt. #, etc.					00-1290200		~	ot Applicable	
Suite, Apt.	#, etc.		27	27				5.	Certificate of Status Desired		\$8.75 / Fee Re		
City & State	9		City 28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zφ	Zip Country			<u> </u>			ountry		8. This corporation has liability for intangible tax under s. 199.032.				
24	25 29				30	30]			Florida Statutes				
9. Name and Address of Current Registered Agent							10. Name and Address of New R)ent		
propro	T DOLLAR	20.0				1							
	ST, RICHAF Endry St.		82 Street			Street Addre	ress (P.O. Box Number is Not Acceptable)						
FORT MYERS FL 33901													
					8	4	City			FL	85 Zip (Code	
11. Pursuant to office or reagent. Lar	to the provis egistered aç m familiar w	sions of Sections 6 gent, or both, in th ith, and accept the	17.0502 and 617.15 e State of Florida. Si e obligations of, Sec	i08, Florida Statu uch change was ction 617.0503, Fl	tes, the abo authorized I orida Statut	by es.	-named corpo the corporatio	ration on's b	n submits this statement for the p locard of directors. I hereby accep	urpose of o	hanging it ntment as	s registered registered	
SIGNATURE _	Slonal re typed	or printed pages of regis	tered agent and tille if appli	icable (NO)	F Registered A	men	nt signature required	1 when	reinstation)	DATE			
12.	organica e, typico		RS AND DIRECTOR		13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PD			DELETE	1.1 TITLE	E					Change	Addition	
NAME	ENGELS	SMA, DANIEL W	•		1.2 NAM	E			•				
STREET ADDRESS	4220 W	. OLD SHAKOP	EEE ROAD, STE	200 1.3 STF			ADDRESS .						
CITY-ST-ZIP	BLOOM	INGTON MN			1,4 City	- 51	- ZIP						
TITLE	VD			DELETE	2.1 TITLE	:				[Change	Addition	
NAME	DAHLBERG, BURTON F.					2.2 NAME							
STREET ADDRESS			ee road, ste 2	STE 200 23 S			2.3 STREET ADDRESS						
CITY - ST - ZIP		INGTON MN	-12" '87 - 1811 -		2. 4 CITY	/- S1	T-ZIP			·			
TITLE	STD			☐ DELETE	3.1 TITLE	•				L	Change	Addition	
NAME	ANDER				32 NAM	Ē							
STREET ADDRESS		s. Tamiami tra	IL .		3.3 STRE	ET A	address (•			
CłTY-ST-ZIP	ESTER	J FL	,1710.12	05:575	3.4. CITY		T- ZIP				Tohara	1229:	
TITLE				DELETE	4.1 TITLE					L	Change	Addition	
NAME					4. 2 NAN								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	4.4 CITY 5.1 TITLE		- ZIP		· · · · · · · · · · · · · · · · · · ·	т	Change	Addition	
NAME 1				C DEELLE	5.2 NAM						change	Addition	
1							ADDRESS						
STREET ADDRESS CITY-ST-ZIP					5.4 CITY		1						
TITLE				DELETE	6.1 TITLE					· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME					6.2 NAM)			-	•		
STREET ADDRESS					1		ADDRESS						
CHY-ST-ZIP					6.4 CITY								
14. I do heret	by certify that	at the information s	upplied with this fill	ng does not qual	ify for the ex	xen	nption stated	in Se	ction 119.07(3)(i), Florida Statutes	s. I further	ertify that	the	
informatio	ri indicated fficer or dire	on this annual rep ctor of the corpora	ort or supplemental ation or the receiver	or trustee empoy	true and ac vered to ext	ecur ecu	rate and that r ute this report	ny si as re	ction 119.07(3)(i), Fiorida Statute: gnature shall have the same lega quired by Chapter 617, Florida S	i eneci as i tatutes; and	inade uni 3 that my r	uer oain; inai iame	

SIGNATURE:

FILED

Mar 28 1997 8:00am

Secretary of State