

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90017 049 ****61.25

DOCUMENT # N21774
 1. Entity Name
FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 22201 FOUNTAIN LAKES BLVD 22201 FOUNTAIN LAKES BLVD
 SUITE 1 SUITE 1
 ESTERO FL 33928 ESTERO FL 33928
 US US



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
06-1230266 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVE.
SUITE 100
FT MYERS FL 33912-0000

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	VD	<input type="checkbox"/> Delete
NAME	DI TOMASSO, CHRISTINA	
STREET ADDRESS	3971 SPRING GARDEN LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIACOMUZZI, PAULINE	
STREET ADDRESS	21710 SUNGATE CT	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLET, RICHARD	
STREET ADDRESS	3750 SPRINGSIDE LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PRYAL, DAVE	
STREET ADDRESS	22367 FOUNTAIN LAKES BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PUTZBACH, JOE	
STREET ADDRESS	5016 SW 17TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, ROBERT	
STREET ADDRESS	22135 SEASHORE CIR	
CITY-ST-ZIP	ESTERO FL 33928	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FYKES, SHIRLEY	
STREET ADDRESS	3880 MARYANN WAY	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKEE, DAVID	
STREET ADDRESS	22210 FAIRMOUNT CT.	
CITY-ST-ZIP	ESTERO, FL 33928	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Putzbach
 Date: **4/17/04** Daytime Phone #: **239-992-1141**