

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90141 034 ****61.25



DOCUMENT # N21774				1. Entity Name		FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.	
Principal Place of Business				Mailing Address			
22201 FOUNTAIN LAKES BLVD SUITE 1 ESTERO FL 33928 US				22201 FOUNTAIN LAKES BLVD SUITE 1 ESTERO FL 33928 US			
2. Principal Place of Business				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			
BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE. SUITE 100 FT MYERS FL 33912-0000				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DI TOMASSO, CHRISTINA			NAME	FULTON, ROBERT		
STREET ADDRESS	3971 SPRING GARDEN LN			STREET ADDRESS	22805 CAROLINE DR.		
CITY-ST-ZIP	ESTERO FL 33928			CITY-ST-ZIP	ESTERO, FL 33928		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIACOMUZZI, PAULINE			NAME	COHEN, JOY		
STREET ADDRESS	21710 SUNGATE CT			STREET ADDRESS	22044 FOUNTAIN LAKES BLVD.		
CITY-ST-ZIP	ESTERO FL 33928			CITY-ST-ZIP	ESTERO, FL 33928		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLET, RICHARD			NAME	DWENS, ROBERT		
STREET ADDRESS	3750 SPRINGSIDE LN			STREET ADDRESS	22044 FOUNTAIN LAKES BLVD		
CITY-ST-ZIP	ESTERO FL 33928			CITY-ST-ZIP	ESTERO, FL 33928		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FYKES, SHIRLEY			NAME			
STREET ADDRESS	3880 MARYANN WAY			STREET ADDRESS			
CITY-ST-ZIP	ESTERO FL 33928			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTZBACH, JOE			NAME			
STREET ADDRESS	5016 SW 17TH AVE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEE, DAVID			NAME			
STREET ADDRESS	22210 FAIR MOUNT CT.			STREET ADDRESS			
CITY-ST-ZIP	ESTERO FL 33928			CITY-ST-ZIP			
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: <i>Robert Fulton</i> Robert Fulton				4/28/05		239-998-9125	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number 06-1230266 Applied For Not Applicable

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