
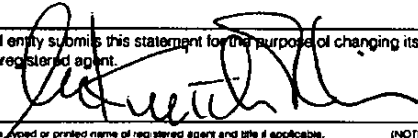
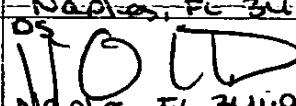
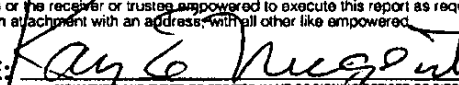


FILED
Jul 05, 2006 8:00 am
Secretary of State

04-28-2006 90173 035 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000006031			
1. Entity Name FOUNTAINHEAD AT THE VINEYARDS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 75 VINEYARDS BLVD 5TH FLOOR NAPLES, FL 34119 US		Mailing Address 75 VINEYARDS BLVD 5TH FLOOR NAPLES, FL 34119 US	
2. Principal Place of Business C/O Resca Management Suite, Apt. #, etc. 2105 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country USA		3. Mailing Address C/O Resca Management Suite, Apt. #, etc. 2105 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country USA	
04142006 Chg-NP CR2E037 (11/05)		4. FEI Number 65-0641124 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROGERS, ROBERT F 75 VINEYARDS BLVD NAPLES, FL 34119		7. Name and Address of New Registered Agent Name: M. KENNETH RUSKIN Street Address (P.O. Box Number is Not Acceptable): 136 APRIL SOUND DRIVE City: NAPLES FL Zip Code: 34119	
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:  M. KENNETH RUSKIN <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAADEH, MICHEL 75 VINEYARDS BLVD, 5TH FLOOR NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Roger Brown 975 Fountain Run Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD ROGERS, ROBERT 75 VINEYARDS BLVD, 5TH FLOOR NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Alexander Dusek 963 Fountain Run Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD, 5TH FLOOR NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS M. Kenneth Ruskin 136 April Sound Drive Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS  Naples, FL 34119 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Walters 140 April Sound Drive Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lamy Reynolds 955 Fountain Run Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: _____ Daytime Phone #: _____	

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