## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900003288

1. Entity Name

## FOUNTAIN PLAZA OWNERS ASSOCIATION INC.

## FILED Jul 16, 2002 8:00 am Secretary of State

04-16-2002 90116 033 \*\*\*\*61.25 07-16-2002 90352 004 \*\*\*\*61.25

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Principal Plac	ce of Business	Mailing Address					
12815 HWY 98 W 100 DESTIN FL 3 <del>2541</del>		PO BOX 1779 DESTIN FL 32540					
				i ( <b>20</b>		<b>88</b> ) ( <b>88</b> 1) ( <b>88</b> 1) ( 881)	121 (818) (21) (88)
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			00 007 000		
		ounc, Apr. #, etc.			DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEI Nun	59-3620631		Applied For Not Applicable
3255	Country	Zip	Country	5. Certifica	ate of Status Desired		Additional
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Re	Fee Req	Jirea
			Name			gistered Agein	
SMITH, LORETTA W			Street Address		nber is Not Acceptable)	<del></del>	· · · · · · · · · · · · · · · · · · ·
	/Y 98 STE 100		<u> </u>				
DESTIN FL	L 8 <del>2541 -</del>		-				
•			City			FL Zip C	くりつ
<ol><li>The above the obligat</li></ol>	named entity submits this statement for	r the purpose of changing its	s registered office	or registered agent, or t	ooth, in the State of Flori	da. I am familiar w	th, and accept
i e e e e e e e e e e e e e e e e e e e	iono or rogiotorea again.						
SIGNATURE	·						
	Signature, typed or printed name of registered agent	and title if applicable. (NO)	FE: Registered Agent sign	ature required when reinstating)		DATE	
	······						
•							
	After September 13, 2002,		mpaign Financing	\$5.00 мау	Be Make	e Check Payab	le to
	After September 13, 2002, min. will be \$236.25.		mpaign Financing Contribution.			e Check Payab partment of St	
10.		Trust Fund		\$5.00 May Added to Fee	es <b>De</b>	partment of Sta	ate
	min. will be \$236.25.  OFFICERS AND DIF	Trust Fund	Contribution.	\$5.00 May Added to Fee		partment of St	IN 10
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10. TITLE NAME STREET ADDRESS	min. will be \$236.25.  OFFICERS AND DIF  D KING, JOHN A 4101 INDIAN BAYOU NORTH	Trust Fund	11. TITLE NAME STREET ADDRESS	S5.00 May Added to Fee	es <b>De</b>	partment of St	IN 10
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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 SEQUIRED

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