


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-12-2007 90087035***61.24
N99000003288

DOCUMENT # N99000003288 1. Entity Name FOUNTAIN PLAZA OWNERS ASSOCIATION INC.					
Principal Place of Business 12815 HWY 98 W 100 MIRAMAR BEACH, FL 32550			Mailing Address PO BOX 1779 DESTIN, FL 32540		
2. Principal Place of Business - No P.O. Box #		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 SMITH, LORETTA W 12815 HWY 98 STE 100 MIRAMAR BCH, FL 32550				7. Name and Address of New Registered Agent Name <u>Smith, Loretta W. CAM</u> Street Address (P.O. Box Number is Not Acceptable) <u>Newman-Dailey Resort Properties</u> <u>12815 Highway 98 West, Suite 100</u> City <u>Miramar Beach</u> State <u>FL</u> Zip Code <u>32550</u>	
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 <u>Loretta W. Smith, CAM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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-STATE-ZIP	D KING, JOHN A 4101 INDIAN BAYOU NORTH DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ANDREWS, JERRY 415 GULF SHORE DRIVE UNIT 16 DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS STEGNER, BOB 21 OSPREY COVE LN SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1/28/07</u> <u>837-1071</u> <small>Date Devotee Phone #</small>		

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40014290 STATE
TALLAHASSEE, FLORIDA



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4. FEI Number **59-3620631** Applied For ☐ Not Applicable

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