

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # N21774 (7)
1. Corporation Name
FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
22700 S. TAMiami TRAIL
ESTERO FL 3
US

Mailing Address
523 SO 8TH ST
MINNEAPOLIS MN 55404
US

3. Date Incorporated or Qualified
07/29/1987

3a. Date of Last Report
02/06/1995

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEBOEST, RICHARD D.
1415 HENDRY ST.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ENGELSMA, DANIEL W.	1.2 NAME	Engelsma, Daniel W.
STREET ADDRESS	523 SOUTH 8TH STREET	1.3 STREET ADDRESS	4220 W. Old Shakopee Road, Ste 200
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Bloomington, MN 55437
TITLE	VD	2.1 TITLE	VD
NAME	DAHLBERG, BURTON F.	2.2 NAME	Dahlberg, Burton F.
STREET ADDRESS	523 SOUTH 8TH STREET	2.3 STREET ADDRESS	4220 W. Old Shakopee Road, Ste 200
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Bloomington, MN 55437
TITLE	STD	3.1 TITLE	STD
NAME	SUNDIN, GORDON, JR.	3.2 NAME	Anders, Jim
STREET ADDRESS	22700 S. TAMiami TRAIL	3.3 STREET ADDRESS	22700 S. Tamiami Trail
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	Estero, Florida
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
Date

Daytime Phone: #

CR2E037 (12/95)