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Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30189 (7)
1. Corporation Name
FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O CLARK, ATTY & CLARK & COMPARETTO PA C/O CLARK, ATTY & CLARK & COMPARETTO PA
4740 CLEVELAND HEIGHTS BLVD 4740 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33807-3559 LAKELAND FL 33813-2187

3. Date Incorporated or Qualified **01/13/1989** 3a. Date of Last Report **03/14/1996**
4. FEI Number **65-0095737** Applied For
Not Applicable
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

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

9. Name and Address of Current Registered Agent

CLARK, ATTY, CLARK & COMPARETTO, PA
4740 CLEVELAND HEIGHTS BLVD
SUITE 500, NCN8 NATIONAL BANK BLDG.
LAKELAND FL 33807-3559

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME BROWAND, KEN
STREET ADDRESS 708 FOUNTAINVIEW LAKE DR
CITY-ST-ZIP LAKELAND FL
TITLE VP ☐ DELETE
NAME SEYMORE, MAX
STREET ADDRESS 721 FOUNTAINVIEW N
CITY-ST-ZIP LAKELAND FL
TITLE S ☐ DELETE
NAME SWEET, DONNA
STREET ADDRESS 915 FOUNTAINVIEW SOUTH
CITY-ST-ZIP LAKELAND FL
TITLE T ☐ DELETE
NAME OGLE, CHARLOTTE
STREET ADDRESS 605 FOUNTAINVIEW NORTH
CITY-ST-ZIP LAKELAND FL
TITLE D ☐ DELETE
NAME BLAKLEY, JACKIE
STREET ADDRESS 604 FOUNTAINVIEW S
CITY-ST-ZIP LAKELAND FL
TITLE D ☐ DELETE
NAME HILDEBRAND, JEAN
STREET ADDRESS 928 FOUNTAINVIEW S
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *Kenneth Browand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 1997 (44)859-1705
Date Daytime Phone # 0053119

CR2E037 (9/96)