2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N05000003488

Entity Name: FOUNTAIN PARKE MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5850 T.G. LEE BLVD., SUITE 102
ORLANDO, FL 32822

New Principal Place of Business:

3434 COLWELL AVE
#200
TAMPA, FL 33614

Current Mailing Address:

5850 T.G. LEE BLVD., SUITE 102
ORLANDO, FL 32822

New Mailing Address:

3434 COLWELL AVE
#200
TAMPA, FL 33614

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, DAVID
5850 T.G. LEE BLVD., SUITE 102
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY
3434 COLWELL AVE
#200
TAMPA, FL 33614 US

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.

SIGNATURE: WILLIAM RIZZETTA 04/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MOSS, DAVID
Address: 5850 T.G. LEE BLVD., SUITE 102
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete
Name: MURPHY, BRANDY
Address: 5850 T.G. LEE BLVD., SUITE 102
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete
Name: LAWSON, ROBERT
Address: 5850 T.G. LEE BLVD., SUITE 102
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LAWSON PD 04/26/2006
Electronic Signature of Signing Officer or Director Date