

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90860 018 \*\*\*\*61.25

<b>DOCUMENT #N30189</b> 1. Entity Name FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 600 FOUNTAINVIEW SOUTH, SUITE 1 LAKELAND, FL 33809-3423			Mailing Address 600 FOUNTAINVIEW SOUTH, SUITE 1 LAKELAND, FL 33809-3423		
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		
4. FEI Number 65-0095737			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLING, LEE J 628 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		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-ST-ZIP	PD SNIDER, BEVERLY 706 FOUNTAINVIEW NORTH LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SNIDER, BEVERLY 706 FOUNTAINVIEW NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBER, BONNIE 808 FOUNTAINVIEW LAKE DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CAMPBELL, FREDRICK 820 FOUNTAINVIEW LAKE DRIVE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNER, JO 714 FOUNTAINVIEW NORTH LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT CHAISSON, SUZANNE 923 FOUNTAINVIEW SOUTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Bonnie Barber</u> Date: <u>04/27/07</u> 863-853-3237					