I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: JOSEPH HOHMANN

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0000007734

Entity Name: THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

### Current Principal Place of Business:

THE FOUNTAINS PROFESSIONAL PARK WOODS EDGE CIRCLE BONITA SPRINGS, FL 34134

# **Current Mailing Address:**

KOVA PROPERTY MANAGEMENT, LLC PO BOX 110876 NAPLES, FL 34108 US

# FEI Number: 65-1115104

# Name and Address of Current Registered Agent:

KOVA PROPERTY MANAGEMENT, LLC 9130 GALLERIA COURT SUITE 100 NAPLES, FL 34109 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: ANTHONY EMMA
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	Electronic Signature of Registered Agent		Dat		
Officer/Director Detail :					
Title	VP	Title	TREASURER		
Name	MARIBONA, ZULY	Name	JORGE, FLAVIA		
Address	3365 WOODS EDGE PARKWAY	Address	740 TARPON COVE DRIVE, SUITE 202		
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	NAPLES FL 34110		
Title	PRESIDENT	Title	SECRETARY		
Name	HOHMANN, JOSEPH				
A al al a a a a		Name	BUCCA, ANTHONY		
Address	3358 WOODS EDGE CIRCLE, SUITE 102	Address	3380 WOODS EDGE CIRCLE #101		
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134		

Certificate of Status Desired: No

FILED Mar 27, 2018 Secretary of State CC2749328386

> 03/27/2018 Date

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