

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007734

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

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC7791951328**

**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 10608  
NAPLES, FL 34101 US

**FEI Number: 65-1115104**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOVA PROPERTY MANAGEMENT, LLC  
1250 TAMIAMI TRAIL N, SUITE 101  
NAPLES, FL 34102 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**

**04/21/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHIPP, ESTELLE  
Address        3365 WOODS EDGE CIRCLE, SUITE  
                  102  
City-State-Zip: BONITA SPRINGS FL 34134

Title            VP  
Name            JORGE, FLAVIA  
Address        740 TARPON COVE DRIVE, SUITE 202  
City-State-Zip: NAPLES FL 34110

Title            SECRETARY, TREASURER  
Name            HOHMANN, JOSEPH  
Address        3358 WOODS EDGE CIRCLE, SUITE  
                  102  
City-State-Zip: BONITA SPRINGS FL 34134

*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.*

**SIGNATURE: ESTELLE SHIPP**

**P**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date