

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003674

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC6457199153**

**Entity Name:** FOUNTAIN SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

70 N.E. 5TH AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

50 S.E. 4TH AVE  
DELRAY BEACH, FL 33483

**FEI Number: 41-0944201**

**Certificate of Status Desired: No**

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

SECURE PROPERTY MANAGEMENT GROUP  
50 S.E. 4TH AVENUE  
DELRAY BEACH, FL 33483 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CARTER, DAN  
Address NE 5TH AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name BROWN, HARVEY  
Address NE 5TH AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title STD  
Name NEHILEY, KEN  
Address NE 5TH AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER  
Name O'DONNELL, KEVIN  
Address N.E. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

Title VP  
Name SCHAPPERT, KEN  
Address NE 5TH AVE  
City-State-Zip: DELRAY BEACH FL 33483

*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: DAN CARTER**

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date