

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002839

**Entity Name:** THE FOUNTAINS AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12815 HIGHWAY 98 W  
MIRAMAR BEACH, FL 32550**Current Mailing Address:**PO BOX 1779  
DESTIN, FL 32540 US**FEI Number: 59-3248986****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAMPLER, KEN  
12815 HIGHWAY 98 W  
MIRAMAR BEACH, FL 32550 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: KEN WAMPLER****03/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title PRESIDENT  
Name AGNOR, RAY  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title VP  
Name EDWARDS, STEVE  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title DIRECTOR  
Name RISLEY, HOLLIS  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title SECRETARY, TREASURER  
Name SWEATT, SUZANNE  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title DIRECTOR  
Name CARTER, LINDA  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title DIRECTOR  
Name COX, FRED  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title DIRECTOR  
Name URSIN, GERALD  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540Title CAM  
Name WAMPLER, KEN  
Address PO BOX 1779  
City-State-Zip: DESTIN FL 32540

*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: KEN WAMPLER****CAM****03/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date