2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006031

Entity Name: FOUNTAINHEAD AT THE VINEYARDS HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215

NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215 NAPLES, FL 34104 US

FEI Number: 65-0641124 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215 NAPLES, FL 34104 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: ROBERT ROSENOW 04/22/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title DIRECTOR

Name ROBERTS, SHARON Name DIMENTO, WILLIAM

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S SUITE#215 2685 HORSESHOE DR S SUITE#215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title PRESIDENT Title VF

Name CROSS, RUSS Name HOUSER, JOANN

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S SUITE#215 2685 HORSESHOE DR S SUITE#215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title SECRETARY

Name GRAVES, RHONDA

Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S SUITE#215

City-State-Zip: NAPLES FL 34104

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: RHONDA GRAVES SECRETARY 04/22/2023

FILED Apr 22, 2023

Secretary of State

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