

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90016 035 ****61.25

DOCUMENT # 712622					
1. Entity Name FOUNTAINHEAD CONDOMINIUM, INC.					
Principal Place of Business 2131 LAKEVIEW DRIVE SEBRING FL 33870-3150			Mailing Address 2131 LAKEVIEW DRIVE SEBRING FL 33870-3150		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1173254	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANCOCK, RAYMOND 2131 LAKEVIEW DR #1200 SEBRING FL 33870			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature of registered agent or registered agent in charge. (NOTE: Registered agent must be a resident of the state.) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAFF, ANNETTE 2131 LAKEVIEW #508 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, RAYMOND 2131 LAKEVIEW DR #1200 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ZORN, ROBERT 12606 OAK GROVE DR. HUNTLEY IL 60142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HULBERT, KIM 2131 LAKEVIEW DR 304 SEBRING FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, ROBERT 2131 LAKEVIEW DR #504 SEBRING FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Raymond Hancock</u>			01-24-08 (863) 385-5262		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					