

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90341 009 \*\*\*\*61.25

**DOCUMENT # 725339**

1. Entity Name

FOUR FOUNTAINS, INC.



Principal Place of Business

41 WATERCOLOR WAY  
NAPLES FL 34113

Mailing Address

41 WATERCOLOR WAY  
NAPLES FL 34113

**50040292**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KENDALL, VIRGINIA  
41 WATERCOLOR WAY  
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*Virginia Kendall*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-10-05*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE PD ☐ Delete  
NAME FOLEY, JOHN  
STREET ADDRESS 40 WATERCOLOR WAY  
CITY-ST-ZIP NAPLES FL 34113

TITLE STD ☐ Delete  
NAME MACKEY, PATRICIA  
STREET ADDRESS 29 WATERCOLOR WAY  
CITY-ST-ZIP NAPLES FL 34113

TITLE VD ☐ Delete  
NAME KENDALL, VIRGINIA  
STREET ADDRESS 28 WATERCOLOR WAY  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T/D ☐ Change ☒ Addition  
NAME Jarrett, Paul  
STREET ADDRESS 12 Watercolor Way  
CITY-ST-ZIP Naples, FL 34113

TITLE S/D ☒ Change ☐ Addition  
NAME MACKEY, PATRICIA  
STREET ADDRESS 29 Watercolor Way  
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Schroeder, Clare  
STREET ADDRESS 9 Watercolor Way  
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Virginia Kendall* Virginia Kendall, VP/AS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-10-05 (239) 774-3243*