2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 725339

Entity Name: FOUR FOUNTAINS, INC.

Current Principal Place of Business:

41 WATERCOLOR WAY
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

41 WATERCOLOR WAY
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-1890677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLEY, JOHN
40 WATERCOLOR WAY
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOLEY, JOHN
Address: 40 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: VD ( ) Delete
Name: FRANKS, RENO
Address: 36 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete
Name: KUBOTA, BRIAN
Address: 35 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete
Name: SCHROEDER, CLARE
Address: 9 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: JURKENS, WILLIAM
Address: 14 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JURKENS, WILLIAM
Address: 14 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHROEDER, CLARE
Address: 9 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: SD (X) Change ( ) Addition
Name: FOLEY, JOHN
Address: 40 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN FOLEY S 04/05/2009

Electronic Signature of Signing Officer or Director — Date