

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732666 (3)  
1. Corporation Name  
THE FOUNTAINHEAD HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 362291 MELBOURNE FL 32936-9291  
P.O. BOX 362291 MELBOURNE FL 32936-9291

3. Date Incorporated or Qualified 05/05/1975  
3a. Date of Last Report 05/01/1995  
4. FEI Number NOT APPLICABLE Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
AGNES, BROGAN  
2756 CORBUSTER DR.  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	CONNOR, MATTIED
STREET ADDRESS	2585 ST. MICHAEL AVE.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROGAN, JOHN
STREET ADDRESS	2756 CORBUSIER DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>BROGAN, JOHN</del>
STREET ADDRESS	<del>2756 CORBUSIER DR.</del>
CITY-ST-ZIP	<del>MELBOURNE FL</del>
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, TOVE
STREET ADDRESS	2778 BAYEUX AVE.
CITY-ST-ZIP	MELBOURNE FL
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>TRAVETTE, DEBBIE</del>
STREET ADDRESS	<del>640 LOUVE DR</del>
CITY-ST-ZIP	<del>MELBOURNE FL 0</del>
TITLE	D <input type="checkbox"/> DELETE
NAME	BROGAN, AGNES
STREET ADDRESS	2756 CORBUSIER CDR
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUTH STRAHOUSKY
1.3 STREET ADDRESS	2660 WRIGHT AVE
1.4 CITY-ST-ZIP	MELBOURNE FL 32935
2.1 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK IRAN
2.3 STREET ADDRESS	2741 CHARTRES AVE
2.4 CITY-ST-ZIP	MELBOURN FL 32935
3.1 TITLE	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES FRANCOIS
3.3 STREET ADDRESS	2774 WRIGHT AVE
3.4 CITY-ST-ZIP	MELBOURNE FL 32935
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM CONNER
4.3 STREET ADDRESS	2585 ST. MICHEL AVE
4.4 CITY-ST-ZIP	MELBOURNE FL 32935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001782946
6.3 STREET ADDRESS	-04/16/96--01134--003
6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Agnes Brogan* 3-28-96 254-5766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #  
AGNES BROGAN (407)

CR2E037 (12/95)