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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732666 (3)
1. Corporation Name
THE FOUNTAINHEAD HOME OWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 362291 MELBOURNE FL 32936-9291	Mailing Address P.O. BOX 362291 MELBOURNE FL 32936-2291
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3. Date Incorporated or Qualified 05/05/1975		3a. Date of Last Report 04/16/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 M. NICK, DON 82 Street Address (P.O. Box Number is Not Acceptable) 2744 CORBUSTER DRIVE 83 MELBOURNE FL 84 City FL 85 Zip Code 32935	
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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 *Don W. Minick* DATE 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME CONNOR, MATTIED	1.1 TITLE P	NAME M. NICK, DON
STREET ADDRESS 2585 ST MICHAEL AVE	CITY-ST-ZIP MELBOURNE FL	1.2 NAME	1.3 STREET ADDRESS 2744 CORPUSIER DR.
TITLE CD	NAME BROGAN, JOHN	1.4 CITY-ST-ZIP MELBOURNE FL	2.1 TITLE D
STREET ADDRESS 2756 CORBUSIER DR	CITY-ST-ZIP MELBOURNE FL	2.2 NAME CONNOR, BILL	2.3 STREET ADDRESS 2585 ST MICHEL AVE
TITLE CD	NAME ANDERSON, TOVE	2.4 CITY-ST-ZIP MELBOURNE FL	3.1 TITLE D
STREET ADDRESS 2778 BAYEUX AVE	CITY-ST-ZIP MELBOURNE FL	3.2 NAME BRONZO ART	3.3 STREET ADDRESS 2833 RHEIMS AVE
TITLE CD S	NAME BROGAN, AGNES	3.4 CITY-ST-ZIP MELBOURNE FL	4.1 TITLE D
STREET ADDRESS 2756 CORBUSIER CDR	CITY-ST-ZIP MELBOURNE FL	4.2 NAME O'NEILL STEVE	4.3 STREET ADDRESS 538 DIJON DR.
TITLE D	NAME STRAHOSKY, RUTH	4.4 CITY-ST-ZIP MELBOURNE FL	5.1 TITLE
STREET ADDRESS 2680 WRIGHT AVE	CITY-ST-ZIP MELBOURNE FL 32935	5.2 NAME	5.3 STREET ADDRESS
TITLE CD VP	NAME TRAN, JACK	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS 2741 CHARTRES AVE	CITY-ST-ZIP MELBOURNE FL 32935	6.2 NAME	6.3 STREET ADDRESS
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)