

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32936-9291
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3. Date Incorporated or Qualified
05/05/1975

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MINICK, DON
2744 CORBUSIER DR
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81. Name **MINICK, DON**

82. Street Address (P.O. Box Number is Not Acceptable)
2744 CORBUSIER DR.

83. City **MELBOURNE** FL 85. Zip Code **32935**

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 *Agnes Brogan* **AGNES BROGAN S** 3-20-98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, MATTIE	1.2 NAME	O, NEILL STEVE
STREET ADDRESS	2585 ST MICHAEL AVE	1.3 STREET ADDRESS	538 DIJON DR.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROGAN, JOHN	2.2 NAME	CONKEL ROD
STREET ADDRESS	2756 CORBUSIER DR	2.3 STREET ADDRESS	634 AVIGNON DR.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, TOVE	3.2 NAME	JACQUELINE LALUMIERE
STREET ADDRESS	2778 BAYEUX AVE	3.3 STREET ADDRESS	2565 QUEBEC AVE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, AGNES	4.2 NAME	BRONZO ART
STREET ADDRESS	2756 CORBUSIER CDR	4.3 STREET ADDRESS	2833 RHEIMS AVE
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAHOSKY, RUTH	5.2 NAME	CONNOR BILL
STREET ADDRESS	2680 WRIGHT AVE	5.3 STREET ADDRESS	2585 ST. MICHAEL
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	DVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAN, JACK	6.2 NAME	
STREET ADDRESS	2741 CHARTRES AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O, NEILL STEVE
1.3 STREET ADDRESS	538 DIJON DR.
1.4 CITY-ST-ZIP	MELBOURNE FL 32935
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CONKEL ROD
2.3 STREET ADDRESS	634 AVIGNON DR.
2.4 CITY-ST-ZIP	MELBOURNE FL 32935
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACQUELINE LALUMIERE
3.3 STREET ADDRESS	2565 QUEBEC AVE
3.4 CITY-ST-ZIP	MELBOURNE FL 32935
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRONZO ART
4.3 STREET ADDRESS	2833 RHEIMS AVE
4.4 CITY-ST-ZIP	MELBOURNE FL 32935
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CONNOR BILL
5.3 STREET ADDRESS	2585 ST. MICHAEL
5.4 CITY-ST-ZIP	MELBOURNE FL 32935
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* **AGNES BROGAN S** 3-20-98 407-257-5766

CR2037 (10/97)