

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 005 ****70.00

DOCUMENT # 732666

1. Entity 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 32936-2291

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEAL, STEVE
538 DI JON DR.
MELBOURNE FL 32935

Name **O'NEILL STEVE**
 Street Address (P.O. Box Number is Not Acceptable)
538 DIJON DR.
MELBOURNE, FL
 City **FL** Zip Code **32935**

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.

SIGNATURE **O'NEILL STEVE**

Steve Neill

321-242-0818

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3-23-2000

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **CONKEL, ROD**
 STREET ADDRESS **634 AVINGNON DR.**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** Change Addition
 NAME **ANDERSON, TOVE**
 STREET ADDRESS **2778 BAYEUX AVE**
 CITY-ST-ZIP **MELBOURNE, FL**

TITLE **TD** Delete
 NAME **BROGAN, JOHN**
 STREET ADDRESS **2756 CORBUSIER DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** Change Addition
 NAME **BROGAN, AGNES**
 STREET ADDRESS **2756 CORBUSIER DR.**
 CITY-ST-ZIP **MELBOURNE, FL**

TITLE **S** Delete
 NAME **LALUMIERE, JACQUELINE**
 STREET ADDRESS **2565 QUEBEC AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** Change Addition
 NAME **LALUMIERE, JACQUELINE**
 STREET ADDRESS **2565 QUEBEC AVE**
 CITY-ST-ZIP **MELBOURNE, FL**

TITLE **D** Delete
 NAME **MINICK, DON**
 STREET ADDRESS **2744 CORBUSIER DR.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** Change Addition
 NAME **BRONZO, ART**
 STREET ADDRESS **2833 RHEIMS AVE**
 CITY-ST-ZIP **MELBOURNE, FL**

TITLE **D** Delete
 NAME **STRAHOSKY, RUTH**
 STREET ADDRESS **2680 WRIGHT AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** Change Addition
 NAME **SHEARER, ART**
 STREET ADDRESS **2888 WRIGHT AVE**
 CITY-ST-ZIP **MELBOURNE, FL**

TITLE **D S** Delete
 NAME **CAIN, KATHERINE**
 STREET ADDRESS **2898 WRIGHT AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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: **O'NEILL STEVE** *Steve Neill* 3-23-2000 321-242-0818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)