

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-19-2002 90188 023 ****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 32936-9291

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

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

7. Name and Address of New Registered Agent

Name **Kimberly Sammons**
 Street Address (P.O. Box Number is Not Acceptable)
2721 WRIGHT AVE
MELBOURNE
 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 *Kimberly Sammons*

(NOTE: registered Agent signature required when reinstating)

Kimberly Sammons DATE **4-15-02**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	CONKEL, ROD	634 AVINGNON DR.	MELBOURNE FL 32935	<input type="checkbox"/>
D	BROGAN, JOHN	2756 CORBUSIER DR	MELBOURNE FL 32935	<input checked="" type="checkbox"/>
T	BRANIGAN, BARBARA	2905 CHARTRES AVE	MELBOURNE FL 32935	<input type="checkbox"/>
D	BROGAN, AGNES	2756 CORBUSIER DR	MELBOURNE FL 32935	<input type="checkbox"/>
D	STRAHOSKY, RUTH	2880 WRIGHT AVE	MELBOURNE FL 32935	<input checked="" type="checkbox"/>
D	CAIN, KATHERINE	2898 WRIGHT AVE.	MELBOURNE FL 32935	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Rybacki, Joan	2793 W. Chartres Ave	Melbourne, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SHEARER, ART	2880 WRIGHT AVE	MELBOURNE, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Morris, David	2745 Wright Ave	Melbourne, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bronzo, Arthur (ART)	2833 Rhelms Ave.	Melbourne, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kimberly SAMMONS (PRES)	2721 WRIGHT AVE	MELBOURNE, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SECRETARY CAIN, KATHERINE	2898 WRIGHT AVE	MELBOURNE, FL 32935	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Kimberly Sammons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

751-1403
 Daytime Phone #

CR2E037 (9/01)