

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90681 041 \*\*\*\*70.00

<b>DOCUMENT # 732666</b>			
1. Entity Name <b>THE FOUNTAINHEAD HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 362291 MELBOURNE FL 32936-9291		Mailing Address P.O. BOX 362291 MELBOURNE FL 32936-9291	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CONKEL, ROD; 634 AVINGNON DR MELBOURNE FL 32934</b>		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City <b>FL</b> Zip Code		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rod Conkle* **ROD CONKLE PRESIDENT** 4-7-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONKEL, ROD			NAME			
STREET ADDRESS	634 AVINGNON DR.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEARER, ART			NAME			
STREET ADDRESS	2888 WRIGHT AVE.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRANIGAN, BARBARA			NAME	SPIROS, THEA		
STREET ADDRESS	2905 CHARTRES AVE			STREET ADDRESS	494 LOUVRE DR		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROGAN, AGNES			NAME	CANFIELD, CONNIE		
STREET ADDRESS	2756 CORBUSIER DR			STREET ADDRESS	2594 WRIGHT AVE		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYBACKI, JOAN			NAME			
STREET ADDRESS	2793 W. CHARTRES AVE.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAIN, KATHERINE			NAME			
STREET ADDRESS	2898 WRIGHT AVE.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			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: *Rod Conkle* **ROD CONKLE** 4-7-04 757-0304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #