

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90058 006 ****70.00

DOCUMENT # 732666 1. Entity 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		
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 <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONKEL, ROD 634 AVINGNON DR MELBOURNE, FL 32934			Name <u>ROY W. CAIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2898 WRIGHT AVE</u> City <u>MELBOURNE</u> FL Zip Code <u>32935</u>		
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 <u>Roy W. Cain</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONKEL, ROD 634 AVINGNON DR. MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROY W CAIN 2898 WRIGHT AVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARER, ART 2888 WRIGHT AVE. MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPILOS, THEA 494 LOURRE DRIVE MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANFIELD, CONNIE 2594 WRIGHT AVE MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYBACKI, JOAN 2793 W. CHARTRES AVE. MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAIN, KATHERINE 2898 WRIGHT AVE. MELBOURNE, FL 32935		TITLE 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: <u>Roy W. Cain</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					