


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90042 028 ****61.25

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 - No P.O. Box #			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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPILOS, THEA 494 LOUVRE DR MELBOURNE, FL 32935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPILOS, THEA		NAME		
STREET ADDRESS	494 LOUVRE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRONENBERG, HEATHER		NAME	T Kay Cain	
STREET ADDRESS	2645 CORBUSIER DR		STREET ADDRESS	2898 Wright AVE	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	AA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANFIELD, CONNIE		NAME		
STREET ADDRESS	2594 WRIGHT AVE		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	DEWELL, JACK		NAME		
STREET ADDRESS	635 DIJON DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOKER, JACKIE		NAME		
STREET ADDRESS	2786 FOUNTAINHEAD BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAREST, KATHY		NAME	S Kerry Devendorf	
STREET ADDRESS	2768 ROUEN AVE		STREET ADDRESS	2695 Corbusier DR	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Kerry Devendorf</u>			Date: <u>5/23/08</u>		Daytime Phone #: <u>321-752-6558</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					