


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|--|--|--|--|---|--|
| 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 # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 05222008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent SPILOS, THEA 494 LOUVRE DR MELBOURNE, FL 32935 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY - ST - ZIP | P SPILOS, THEA 494 LOUVRE DR MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CRONENBERG, HEATHER 2645 CORBUSIER DR MELBOURNE, FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AA CANFIELD, CONNIE 2594 WRIGHT AVE MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEWELL, JACK 635 DIJON DR MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP TOKER, JACKIE 2786 FOUNTAINHEAD BLVD MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CHAREST, KATHY 2768 ROUEN AVE MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Kay Cain 2898 Wright AVE Melbourne, FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Kerry Devendorf 2695 Corbusier DR Melbourne, FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <i>Kerry Devendorf</i> | | 5/23/08 | | 321-752-6558 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |