2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734623

FILED Apr 02, 2009 Secretary of State

Entity Name: FOUNTAINBROOK ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4004 EDGEWATER DRIVE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 4004 EDGEWATER DRIVE ORLANDO, FL 32804 FEI Number: 59-1822164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERA, MARY ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE 4004 EDGEWATER DRIVE C/O ASSET REAL ESTATE INC C/O ASSET REAL ESTATE INC ORLANDO, FL 32804 US ORLANDO, FL 32804 US 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: MARY RIVERA 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GWYNNE, HOMMON GWYNNE, HOMAN Name: Name: 350 LAKEVIEW ST. Address: 350 LAKEVIEW ST. Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition CARPENTER, RANDY Name: Name: Address: 364 LAKEVIEW ST Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition FINKBEINER, FRANK Name: Name: Address: 394 LAKEVIEW ST Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: () Delete Title: PD Title: () Change () Addition Name: JONES, JOHN Name: 394 LAKEVIEW STREET Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: (X) Change () Addition AUFHOMMER, BRUCE AUFHAMMER, BRUCE Name: Name: 370 LAKEVIEW ST. 370 LAKEVIEW ST. Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition SAPP JIM Name: Name: Address: 382 LAKEVIEW STREET Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JONES PD 04/02/2009