

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745777

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: THE FOUNTAINS UNIT #1, INC.

## Current Principal Place of Business:

354 CHARLEMAGNE BLVD  
NAPLES, FL 34112 US

## New Principal Place of Business:

## Current Mailing Address:

6700 LONE OAK BLVD  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 59-2003770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: TROTTA, JOSEPH  
Address: 360 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: TSD ( ) Delete  
Name: AREY, ED  
Address: 354 CHARLEMAGNE BLVD.  
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete  
Name: KARRAR, EDWARD  
Address: 366 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete  
Name: MARSHALL, DONNA  
Address: 360 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete  
Name: AREY, EDWIN V  
Address: 354 CHARLEMAGNE RD.  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AREY, DAVID  
Address: 360 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change ( ) Addition  
Name: AREY, ED  
Address: 354 CHARLEMAGNE BLVD. E103  
City-St-Zip: NAPLES, FL 34112

Title: T (X) Change ( ) Addition  
Name: MANCUSO, JOE  
Address: 354 CHARLEMAGNE BLVD. E206  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition  
Name: TROTTA, JOE  
Address: 27705 89TH PLACE  
City-St-Zip: SALEM, WI 53168

Title: D (X) Change ( ) Addition  
Name: VOS, ARTHUR  
Address: 366 CHARLEMAGNE BLVD., C203  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON ROSS

MGR

04/18/2007

Electronic Signature of Signing Officer or Director

Date