

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745777

FILED
Apr 23, 2008
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: P () Delete
Name: AREY, DAVID
Address: 360 CHARLEMAGNE BLVD
City-St-Zip: NAPLES, FL 34112

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AREY, DAVID
Address: 360 CHARLEMAGNE BLVD, #102
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MARSHALL, DONNA
Address: 360 CHARLEMAGNE BLVD. #205
City-St-Zip: NAPLES, FL 34112

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: BYRON ROSS

MGR

04/23/2008

Electronic Signature of Signing Officer or Director

Date