

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745777

FILED  
Feb 24, 2012  
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:**

6704 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:**

GUARDIAN PROPERTY MANAGEMENT  
6704 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  
Name: MANCUSO, JOE  
Address: 354 CHARLEMAGNE BLVD #E206  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: MILANO, DONALD  
Address: 366 CHARLEMAGNE BLVD #C205  
City-St-Zip: NAPLES, FL 34112

Title: S/T  
Name: WEBER, TOM  
Address: 372 CHARLEMAGNE BLVD. #B-203  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: TROTTA, JOE  
Address: 360 CHARLEMAGNE BLVD #D101  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: GREATOREX, PATRICK  
Address: 366 CHARLEMAGNE BLVD #C201  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: BYRON L ROSS

MGR

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date