## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State

	AIIIIVAL	Secretary of State			
1. Entity Nam	MENT # 747047  intains unite #3, inc.				007 90039 024 ****61.25
	MANAGEMENT ISHOE DR S #215	Mailing Address C/O RESORT MANAGEMI 2685 HORSESHOE DR S NAPLES, FL 34104		40102803	1
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	03162007 Chg-NP	CR2E037 (12/06)
City & State	9	City & State		4. FEI Number 59-2003772	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desir	ed State \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of No	ew Registered Agent
BECK, MA 5590-M103 NAPLES, I	3 RATTLESNAKE HAMMOCK	RD	Name Ru Street Address	(P.O. Box Number is Not Accep	table)
			City NAS	/e s	FL Zip Code 3
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature require	id when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, MARY 5590-M103 RATTLESNAKE HAN NAPLES, FL 34113	(A Delete	TITLE NAME VOLT STREET ADDRESS CITY-ST-ZIP	Snoras, Tony 0-201 Addlesno 90185 EL 3411	Change Addition ALQ HOMMOCK Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD JANGEL, VICTOR 5590-M203 RATTLESNAKE HAN NAPLES, FL 34113		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP  TO	ungel Victor 10-203 Kattlesn Olls FL34113	oke Hammock Rd.
TITLE NAME STREET ADORESS	D GROVESSAR, PAUL	☐ Delete	TITLE 10	wossar Pau	Change Addition
CITY-ST-ZIP	8500-103R RATTLESNAKE HAM NAPLES, FL 34113	МОСК	STREET ADDRESS 550	ovessor, Pau 10-103 Rattles 1018, FL 34113	oke Hammock Rol
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	8500-103R RATTLESNAKE HAM	☐ Delete	CITY-ST-ZIP	012, FL 34113 20. Eugene	Change Addition  10 Ke Hownweck Rd.
TITLE NAME STREET ADDRESS	8500-103R RATTLESNAKE HAM NAPLES, FL 34113 T BIZA, EUGENE 5590 K 102 RATTLESNAKE HAM	☐ Delete	CITY-ST-ZIP NO.	OIL, FL 34113 2a, Eugene 30-102 ROHTIEST PIES, FL 341	Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained inChapter 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.

BARRY

SIGNATURE:

Little Same Ruth
Signature and typed or printed hange of signing officer or director

Pes

Davtime Phone

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DOCUMENT # 747047  1. Entity Name THE FOUNTAINS UNITE #3, INC.			ATTACHMENT		
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US	Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US		H0102803 Q		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		-12.441-17		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		05012007 Chg-NP CR2E037 (12/06)		
City & State	City & State		4. FEI Number Applied Fo 59-2003772 Not Applied		
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
-BEGK, MARY - 5590-M103.RATTLESNAKE HAMMOCK	<b>D</b> D		Street Address (P.O. Box Number is Not Acceptable)		
NAPLES, FL 34113	<del>110-</del>	Street Flagres			
		City	City FL Zip Code		
the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent.		WTH R			
Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing Contribution.	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State		
10. OFFICERS AND D	$\overline{}$	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME BECK, MARY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113	MMOCK RD	NAME STREET ADDRESS CITY-ST-ZIP	Selle ZZO, Leonard Change Made		
E VPTD Delete  JANGEL, VICTOR  ST-ZIP NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE D GROVESSAR, PAUL STREET ADDRESS 8500-103R RATTLESNAKE HAT NAPLES, FL 34113	MMOCK Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME BIZA, EUGENE STREET ADDRESS 5590 K 102 RAYTLESNAKE HA CITY-ST-ZIP NAPLES, FL 34113	MMOCK RD Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE P NAME BARRY, RITH STREET ADDRESS 489 CREST VIEW FOREST DR. CITY-ST-ZIP SAINT FAUL, MN 55119	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
indicated on this report or supplemental report	s true and accurate and that i	my signature shall have that as required by Chapter 6	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or direct 617, Florida Statutes; and that my name appears in Block 10 or Block 1		