

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747047

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE FOUNTAINS UNITE #3, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2003772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, RUTH
5590-20 S RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113 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: D () Delete
Name: VAISNORAS, TONY
Address: 5500-201 RATTLESNAKE HAMMOCK RD
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: JANGEL, VICTOR
Address: 5590-203 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: GRAESSER, PAUL
Address: 5500-103 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: BIZA, EUGENE
Address: 5530-102 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

Title: P () Delete
Name: BARRY, RUTH
Address: 5590-201 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: ROUSE, DIANE
Address: 5560-205 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROWE, DIANE
Address: 5560-205 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

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: RUTH BARRY

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date