2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747048

Entity Name: THE FOUNTAINS UNIT #2, INC.

Apr 21, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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326-344 CHARLEMAGNE BLVD. NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

P O BOX 10249

NAPLES, FL 34101 US

FEI Number: 59-2035077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, STEPHEN P PRES. 4985 É. TAMIAMI TRAIL NAPLES, FL 34113

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete MCNEIL, J. BRAIN MCNEIL, J. BRAIN Name: Name:

326 CHARLEMABNE BLVD #I106 Address: 326 CHARLEMABNE BLVD #I106 Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: () Change () Addition

Name: LUCAS, DELORES Name: Address: 332 CHARLEMAGNE BLVD. #H104 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition FOWLER, MILDRED Name: FILBY, FLORENCE Name:

Address: Address:

344 CHARLEMAGNE BLVD #F101 344 CHARLEMAGNE BLVD #G103

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

(X) Change () Addition Title: PD () Delete Title: D Name: WAHLING, CHARLOTTE Name: BAER, RAYMOND 1405 WOODGATE DRIVE 344 CHARLEMAGNE BLVD #F104 Address: Address:

KIRKWOOD, MO 63122 City-St-Zip: City-St-Zip: NAPLES, FL 34112

Title: VPD () Delete Title: (X) Change () Addition

SNYDER, KATHLEEN SNYDER, KATHLEEN Name: Name: 95 E. BURLINGTON RD. 95 E. BURLINGTON RD. Address: Address: City-St-Zip: RIVERSIDE, IL 60546 City-St-Zip: RIVERSIDE, IL 60546

Title: () Delete Title: () Change (X) Addition WAHLIG, CHARLOTTE Name: Name:

Address: Address: 344 CHARLEMAGNE BLVD #I104

NAPLES, FL 34112 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN MCNEIL PD 04/21/2005