

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747048

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE FOUNTAINS UNIT #2, INC.

Current Principal Place of Business:

326-344 CHARLEMAGNE BLVD.
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HART, STEPHEN P PRES.
4985 E. TAMiami TRAIL
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: SD () Delete
Name: QUINN, CAROL
Address: 332 CHARLEMAGNE BLVD., #H-201
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: LUCAS, DELORES
Address: 332 CHARLEMAGNE BLVD. #H104
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: MCNEIL, BRIAN
Address: 326 CHARLEMAGNE BLVD, #106
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: BAER, RAYMOND
Address: 344 CHARLEMAGNE BLVD #F104
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: WAHLIG, CHARLOTTE
Address: 326 CHARLEMAGNE BLVD #I104
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COMISKEY, JOE
Address: 344 CHARLEMAGNE BV #F102
City-St-Zip: NAPLES, FL 34112

Title: TSD (X) Change () Addition
Name: LUCAS, DELORES
Address: 332 CHARLEMAGNE BLVD. #H104
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:

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: CHARLOTTE WAHLIG

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date