2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# 747048

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: PD
Name: COMISKEY, JOSEPH
Address: 344 CHARLEMAGNE BV #F102
City-St-Zip: NAPLES, FL 34112

Title: SD
Name: SNYDER, KATHLEEN
Address: 344 CHARLEMAGNE BLVD #F-106
City-St-Zip: NAPLES, FL 34112

Title: TD
Name: MCNEIL, BRIAN
Address: 326 CHARLEMAGNE BLVD, #106
City-St-Zip: NAPLES, FL 34112

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

Title: D
Name: FOWLER, KATHLEEN
Address: 344 CHARLEMAGNE BLVD #F101
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: JOSEPH COMISKEY PD 04/20/2011

Electronic Signature of Signing Officer or Director Date