FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:16

DOCUMENT # **752371** **(5)**

1. Corporation Name

FOUNTAIN LAKE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5507 FOUNTAIN LAKE CIRCLE APT B102 BRADENTON FL 34207	5507 FOUNTAIN LAKE CIRCLE APT B102 BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1980
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2221850 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BEAUDRY, SYLVIA D
5544 AVENIDA DEL MARE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	XXX PD, TD ☐ Change ☐ Addition
NAME	WOLFE, LAVERN E.	1.2 NAME	BAILEY, Craig
STREET ADDRESS	1 CONN CIRCLE	1.3 STREET ADDRESS	5503 Fountain Lake Cir., #A-108
CITY-ST-ZIP	UNIONTOWN PA	1.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	PD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	POCHEDLY, JAMES J	2.2 NAME	BAIRD, Russell
STREET ADDRESS	10921 LIME RIDGE RD	2.3 STREET ADDRESS	5509 Fountain Lake Cir., #C-210
CITY-ST-ZIP	HIRAM OH	2.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	TD	3.1 TITLE	D ☐ Change ☐ Addition
NAME	BRAUDT, DONALD H.	3.2 NAME	PSALMONDS, David
STREET ADDRESS	P.O. BOX 14366 N/A	3.3 STREET ADDRESS	5509 Fountain Lake Cir., #C-204
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BEAUDRY, SYLVIA D	4.2 NAME	
STREET ADDRESS	5544 AVENIDA DEL MARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARSOTA FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	D ☐ Change ☐ Addition
NAME	GARBIG, GEORGE	5.2 NAME	
STREET ADDRESS	2969 ALT. ST. RT. 49N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCANUM OH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia D Beaudry 3/28/95 (813)365-7732 office
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

Sylvia D. Beaudry, Secretary