

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752371

1. Entity Name

FOUNTAIN LAKE ASSOCIATION, INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90088 012 ****61.25

360639



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5503 FOUNTAIN LAKE DR APT A 105 BRADENTON FL 34207	Mailing Address 5503 FOUNTAIN LAKE DR APT A 105 BRADENTON FL 34207
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2221850	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BAILEY, CRAIG
 5503 FOUNTAIN LAKE CIRCLE
 APT A 105
 BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, CRAIG 5503 FOUNTRAN LAKE CIR #A-105 BRADENTON FL 34207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONAGHAN, MARTY 5507 FOUNTAIN LAKE CIR B-207 BRADENTON FL 34207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEAL, NICOLE 5507 FOUNTAIN LAKE CIRCLE B-105 BRADENTON FL 34207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, DEBORAH 5509 FOUNTAIN LAKE CIR C-202 BRADENTON FL 34207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BARBARA 1906 GULF DR N 107 BRADENTON BEACH FL 34217	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Cheryl K. [Signature] DATE REQUIRED: 4/18/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)