2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90029 047 ****61.25

DOCUMENT # 752371

1. Entity Name
FOUNTAIN LAKE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5503 FOUNTAIN LAKE DR APT A 105 BRADENTON, FL 34207	4301 32ND ST W STE A20 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2221850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C & S CONDOMINIUM MANAGEMENT
4301 32ND STREET WEST
SUITE A-20
BRADENTON, FL 34205

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BAILEY, CRAIG
STREET ADDRESS	5503 FOUNTRAN LAKE CIR #A-105
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	VD
NAME	MONAGHAN, MARTY
STREET ADDRESS	5507 FOUNTAIN LAKE CIR B-207
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	TD
NAME	BEAN, CHRIS
STREET ADDRESS	5503 FOUNTAIN LAKE CIR A205
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D
NAME	CHEWNING, SANDRA
STREET ADDRESS	5507 FOUNTAIN LAKE CIRCLE # B102
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D
NAME	BAILEY, JOANN
STREET ADDRESS	10159 CHERRY HILLS AVE CIR
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	SD
NAME	CAMERATA, LORRIE
STREET ADDRESS	5509 FOUNTAIN LAKE CIR C207
CITY-ST-ZIP	BRADENTON, FL 34207

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR