

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90079 023 ****61.25

DOCUMENT # 754312

1. Entity Name

**FOUNTAIN SQUARE CONDOMINIUM ASSOCIATION OF
ORMOND BEACH, INC.**



Principal Place of Business

**55 VINING COURT
ORMOND BEACH FL 32176
US**

Mailing Address

**P O BOX 194
ORMOND BEACH FL 32175-613
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2098717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRICK, ELINOR
179 SO HALIFAX DR
ORMOND BEACH FL 32176**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FERRICK, ELINOR
STREET ADDRESS 179 S HALIFAX DR
CITY-ST-ZIP ORMOND BCH FL

TITLE TD ☐ Delete
NAME KOPP, GERTRAUD
STREET ADDRESS 55 VIKING COURT #203
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SD ☒ Delete
NAME KOPP, GERTRAUD
STREET ADDRESS 55 VINING COURT #203
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VD ☒ Delete
NAME MCCLINTOCK, DHERLYS
STREET ADDRESS 55 VINING COURT #102
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE SD ☒ Change ☐ Addition
NAME MARSH, DHERLYS
STREET ADDRESS 55 VINING COURT #102
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VD ☒ Change ☐ Addition
NAME ROCHA, BARRY
STREET ADDRESS 1125 KILLARNEY DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Elinor M. Ferrick* Elinor M Ferrick 4-18-06 386-6732350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #