

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 043 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

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, 2008**

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 ☐ Delete
NAME **VD**
STREET ADDRESS **FERRICK, ELINOR**
CITY-ST-ZIP **179 S HALIFAX DR**
ORMOND BEACH FL 32176

☐ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

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

☒ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MARSH, DHERLYS**
CITY-ST-ZIP **55 VINING CT, # 102**
ORMOND BEACH FL 32176

☐ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROCHA, BARRY**
CITY-ST-ZIP **1125 KILLARNEY DR**
ORMOND BEACH FL 32174

☐ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROCHA, BARRY**
CITY-ST-ZIP **1125 KILLARNEY DR**
ORMOND BEACH FL 32174

☐ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROCHA, BARRY**
CITY-ST-ZIP **1125 KILLARNEY DR**
ORMOND BEACH FL 32174

☐ Change ☐ Addition
TITLE **TD**
NAME **FERRICK, ELINOR**
STREET ADDRESS **179 SOUTH HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

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, Vice President 4-10-08 1-386-673-2350