

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754312

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** FOUNTAIN SQUARE CONDOMINIUM ASSOCIATION OF ORMOND BEACH, INC.

**Current Principal Place of Business:**

55 VINING COURT  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 194  
ORMOND BEACH, FL 32175613 US

**New Mailing Address:**

**FEI Number:** 59-2098717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: FERRICK, ELINOR  
Address: 179 S HALIFAX DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD ( ) Delete  
Name: FERRICK, ELINOR  
Address: 179 SOUTH HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete  
Name: MARSH, DHERLYS  
Address: 55 VINING CT, # 102  
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD ( ) Delete  
Name: ROCHA, BARRY  
Address: 1125 KILLARNEY DR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: MARSH, DHERLYS  
Address: 55 VINNING COURT UNIT 102  
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD (X) Change ( ) Addition  
Name: KOPP, GERTRUDE  
Address: 55 VINNING CT UNIT 203  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD (X) Change ( ) Addition  
Name: MARSH, LELAND  
Address: 55 VINING CT, # 102  
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD (X) Change ( ) Addition  
Name: FERRICK, ELINOR  
Address: 179 S HALIFAX DR  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELINOR FERRICK

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date