


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 758003			
1. Entity Name THE FOUNTAINS UNIT NO. 4 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5067 TAMIAMI TRAIL E NAPLES, FL 34113 US		Mailing Address 5067 TAMIAMI TRAIL E NAPLES, FL 34113 US	
2. Principal Place of Business 463 TORREY PINES POINT Suite, Apt. #, etc.		3. Mailing Address 463 TORREY PINES POINT Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34113		Zip 34113	
Country USA		Country USA	
4. FEI Number 59-2003773		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOREMAN, GEORGE 5067 TAMIAMI TRAIL E. NAPLES, FL 34113		7. Name and Address of New Registered Agent Name FOREMAN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 463 TORREY PINES POINT City NAPLES FL Zip Code 34113	
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 <i>George Foreman</i> DATE 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZA, SHIRLEY 4640 CHANTELE DR, N206 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESTAL, MIKE 4640 CHANTELE DR. #N106 NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIEMER, PIERRE 4640 CHANTELE DR #N202 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGUIRE, ELIZABETH 4610 CHANTELE DR. #P104 NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, MARLENE 4640 CHANTELE DR. #N101 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 5067 TAMIAMI TRAIL E. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: <i>George Foreman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-29-04 Daytime Phone # 239-643-7647	