

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 758003**

1. Entity Name  
**THE FOUNTAINS UNIT NO. 4 CONDOMINIUM  
ASSOCIATION, INC.**



FILED

08 MAY 13 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~463 TORREY PINES POINT~~  
~~NAPLES, FL 34113~~ US

Mailing Address  
~~463 TORREY PINES POINT~~  
~~NAPLES, FL 34113~~ US

2. Principal Place of Business - No P.O. Box #  
*do Resort Management*  
*2685 Horseshoe Dr. S. #215*  
City & State  
*Naples, FL*  
Zip  
*34104* Country  
*Officer*

3. Mailing Address  
*do Resort Management*  
*2685 Horseshoe Dr. S. #215*  
City & State  
*Naples, FL*  
Zip  
*34104* Country  
*Officer*

**REINSTATEMENT 07-08**

20080508 REIN-NP CR2E099 (1/07)

4. FEI Number  
**59-2003773**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
~~FOREMAN, GEORGE~~  
~~463 TORREY PINES POINT~~  
~~NAPLES, FL 34113~~

7. Name and Address of New Registered Agent  
Name  
*Donald Davidson*  
Street Address (P.O. Box Number is Not Acceptable)  
*4640 Chantelle Drive #N201*  
City  
*Naples* FL Zip Code  
*34112*

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 *Donald Davidson, President*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILMS, DONALD 4640 CHANTELL DR N 205 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUIGLEY, DONA 4610 CHANTELL DR P204 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Davidson, Donald 4640 Chantelle Dr, Jr #N201 Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOLEDO, MARTA 4610 CHANTELL DR P203 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Diemer Pierre 4640 Chantelle Drive #N202 Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOREMAN, GEORGE 5067 TAMiami TRAIL E. NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700130898787 06/05/08--01013--021 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORMAN, GEORGE 463 TORREY PINES PT NAPLES, FL 34113 <input checked="" 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 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: *Donald Davidson, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*705/21*