2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 758003

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2003773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, DONALD
4640 CHANTELLE DRIVE #N201
NAPLES, FL 34112 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: ST ( ) Delete
Name: WILMS, DONALD
Address: 4640 CHANTELLE DR N 205
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete
Name: DAVIDSON, DONALD
Address: 4640 CHANTELLE DRIVE #N201
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete
Name: DIEMER, PIERRE
Address: 4640 CHANTELLE DRIVE #N202
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MAZZA, BARBARA
Address: 215 BOYD LANE
City-St-Zip: WINDBAR, PA 15963

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ROBINSON, MARY KATE
Address: 4640 CHANTELLE DRIVE # N106
City-St-Zip: NAPLES, FL 34112

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: DONALD DAVIDSON P 04/15/2009

Electronic Signature of Signing Officer or Director — Date