

DOCUMENT # 759145

1. Entity Name

FOUNTAIN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2243 VAN BUREN ST
APT. 2
HOLLYWOOD FL 33020

4218 FILLMORE ST
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2422695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDMOND, ANN
2801 VAN BUREN ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD
STREET ADDRESS REDMOND, ANNE
CITY-ST-ZIP 2800 VAN BUREN STREET
HOLLYWOOD, FL 00000

TITLE ☐ Delete

NAME VD
STREET ADDRESS APPELLO, FILOMERA
CITY-ST-ZIP 2243 VAN BURTN ST
HOLLYWOOD FL 33020

TITLE ☐ Delete

NAME STD
STREET ADDRESS CALLARI, JAMES
CITY-ST-ZIP 2243 VAN BUREN ST
HOLLYWOOD FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

954-964-2865

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90023 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)