FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M74984** **(9)**

1. Corporation Name

FOUNTAIN LAKES SEWER CORP.

Principal Place of Business:
22700 S TAMIAMI TRAIL
ESTERO FL 33928
US

Mailing Address:
523 S. EIGHTH ST.
MINNEAPOLIS MN 55404

2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]

2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **04/01/1988**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **41-1611741** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FRIEDMAN, MARTIN S.
2544 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	DP XX Change ☐ Addition
NAME	DAHLBERG, BURTON F.	1.2 NAME	Dahlberg, Burton F.
STREET ADDRESS	523 S. EIGHTH ST.	1.3 STREET ADDRESS	4220 W. Old Shakopee Road, Ste 200
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Bloomington, MN 55437
TITLE	DV ☐ DELETE	2.1 TITLE	DV XX Change ☐ Addition
NAME	ENGELSMA, DAN	2.2 NAME	Engelsma, Daniel W.
STREET ADDRESS	523 S. EIGHTH ST.	2.3 STREET ADDRESS	4220 W. Old Shakopee Road, Ste 200
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Bloomington, MN 55437
TITLE	DST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSMA, BRUCE	3.2 NAME	
STREET ADDRESS	523 S. EIGHTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSMA, LLOYD	4.2 NAME	
STREET ADDRESS	523 S. EIGHTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE	V XX DELETE	5.1 TITLE	V XX Change ☐ Addition
NAME	WISTROM, TORE	5.2 NAME	Sherman, Jerry
STREET ADDRESS	2510 MINNEHANA AVENUE	5.3 STREET ADDRESS	523 South 8th Street
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	Minneapolis, MN 55404
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)