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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 55404-1030**

3. Date Incorporated or Qualified
04/01/1988

3a. Date of Last Report
02/13/1996

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

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

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DAHLBERG, BURTON F.	
STREET ADDRESS	4220 W. OLD SHAKOPEE ROAD, STE 200	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ENGELSMA, DAN	
STREET ADDRESS	4220 W. OLD SHAKOPEE ROAD, STE 200	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ENGELSMA, BRUCE	
STREET ADDRESS	523 S. EIGHTH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENGELSMA, LLOYD	
STREET ADDRESS	523 S. EIGHTH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERMAN, JERRY	
STREET ADDRESS	523 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP Engelsma, Bruce
3.3 STREET ADDRESS	523 S. 8th Street
3.4 CITY-ST-ZIP	Minneapolis, MN 55404
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Goebel, Janice R.
4.3 STREET ADDRESS	523 South 8th Street
4.4 CITY-ST-ZIP	Minneapolis, MN 55404
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Exec. V.P/COO
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ST Olson, David J.
6.3 STREET ADDRESS	523 S. 8th Street
6.4 CITY-ST-ZIP	Minneapolis, MN 55404

14. I do 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

612-332-7281

Daytime Phone

CR2E034 (9/96)