2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000005345

FILED Sep 07, 2005 Secretary of State

Entity Name: FOUNTAINS HOMEOWNERS ASSOCIATION OF MARION COUNTY, INC.

Current Principal Place of Business:

New Principal Place of Business:

4625 NW 44TH COURT 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 344827838

OCALA, FL 34470

New Mailing Address:

Current Mailing Address:

DRAWER 125, 5951 MEMORIAL HIGHWAY 1740 E. SILVER SPRINGS BOULEVARD

TAMPA, FL 33615 OCALA, FL 34470

FEI Number: 59-3718362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODING, W. JAMES III 7 EAST SILVER SPRINGS BLVD.

SUITE 500 OCALA, FL 34470 US PLUNKETT, JOHN RA 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470 US

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: JOHN PLUNKETT 09/07/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVTD () Delete (X) Change () Addition

JONES, G.P. PLUNKETT, KATHLEEN Name: Name: 4725 NW 4 E AVE Address: 1740 E. SILVER SPRINGS BOULEVARD Address:

OCALA, FL 34482 OCALA, FL 34470

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: JONES, M Name: PLUNKETT, PATRICK

Address: 4725 NW 4 E AVE Address: 1740 E. SILVER SPRINGS BOULEVARD

City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34470

Title: () Delete Title: (X) Change () Addition BRADBERRY, T Name: PLUNKETT, KEVIN Name:

4725 NW 4 E AVE 1740 E. SILVER SPRINGS BOULEVARD Address: Address:

City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN PLUNKETT DIR 09/07/2005