


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000005345</b> 1. Entity Name <b>FOUNTAINS HOMEOWNERS ASSOCIATION OF MARION COUNTY, INC.</b>	
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Principal Place of Business <b>1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>	Mailing Address <b>1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3718362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PLUNKETT, JOHN RA 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**N00000533881  
05/06/06-60140-016 61.25**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>PLUNKETT, KATHLEEN 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>PLUNKETT, PATRICK 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>PLUNKETT, KEVIN 1740 E. SILVER SPRINGS BOULEVARD OCALA, FL 34470</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_