## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## Feb 20, 2008 8:00 am Secretary of State 02-20-2008 90003 044 \*\*\*\*61.25

| DOCUMENT # N0000005345   |  |  |  | <u>a</u>  | 2-20-2006 20003  | 011 0  | 71.23                          |  |
|--|--|--|--|---|--|--|--------------------------------|--|
| 1. Entity Name FOUNTAINS HOMEOWNERS ASSOCIATION OF MARION COUNTY, INC.   |  |  |  |   |  |  |                                |  |
| Principal Place of Business 1740 E. SILVER SPRINGS BOULEVARD 0CALA, FL 34470  Mailing Address 1740 E. SILVER SPRINGS BOULEVARD 0CALA, FL 34470   |  |  | BOULEVARD  | 400   | .020-  |  |                                |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  416 98 00 41  |  |  | 16th Ace   |   |  |  |                                |  |
| Suite, Apt.  | 70 70 7100   | Suite, Apt. #, etc.  | 16/ic  | 04000000  | ng-NP CR2E   | 037 (12/06)  |                                |  |
| City & State   | la FL  | City & State  CCCICA FL  |  | 4. FEI Number<br>59-371836  | 2 `  | No   | oplied For<br>ot Applicable    |  |
| 3544 g   | 6. Name and Address of Current Rep   | 34487  | U SA   | 5. Certificate of Sta   | atus Desired   ress of New Registered  | \$8.75 Add   |                                |  |
| _  | o. Name and Address of Current Reg   | distaied whelir  | Name , ,   | 7. Name and Add   | J' 1   | A VAGUE .  | •                              |  |
| PLUNKETT, JOHN RA<br>1740 E. SILVER SPRINGS BOULEVARD  |  |  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |  |                                |  |
| OCALA, FL 34470  |  |  |  | 74. nw 4  | 16th Ave   | ,  |                                |  |
|  |  |  | City   | ocla  | F  | L Zip Cod  | 34480                          |  |
|  | named entity submits this statement for the  | e purpose of changing its regi   | istered office or reg  | istered agent, or both, in  | the State of Fforida, I ar   | m familiar with,   | and accept                     |  |
|  |  | 121.1  |  |   |  | 1/ 0   |                                |  |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE   |  |  |  |   |  |  |                                |  |
| 1: 12  | -Stonature, typed or printed name of registered agent and t  | title if applicable. (NOTE: Reg  | gistered Agent signature re  | quired when reinstating)  | DATE   | ' '  | ·                              |  |
| T  | Signature, typed or printed name of registered agent and the Filling Fee is \$61.25  Due by May 1, 2008  | 9. Election Campai Trust Fund Contr  | ign Financing  | \$5.00 May Be<br>Added to Fees  | Make che   | ck payable t   |                                |  |
| ے بر بر  | Filing Fee is \$61.25  | 9. Election Campai<br>Trust Fund Contr   | ign Financing ribution   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE  | Make che   | ck payable t   | tațe                           |  |
| 10.  | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT   | 9. Election Campai<br>Trust Fund Contr   | ign Financing ribution.  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE  | Make che<br>Florida Dep<br>ES TO OFFICERS AND (  | ck payable t   | tațe                           |  |
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| 10.  | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRECT                                    | 9. Election Campai<br>Trust Fund Contr<br>CTORS  | ign Financing ribution.  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>P<br>Ari Stopher<br>1674 nw 46  | Make che<br>Florida Dep<br>ES TO OFFICERS AND I  | ck payable t<br>artment of S                               | tațe<br>V 10                   |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT DIR PLUNKETT, KATHLEEN  | 9. Election Campai<br>Trust Fund Contr<br>CTORS  Delete  | ign Financing ribution.  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>P<br>HOT STOPPHER<br>1274 MW 46   | Make che<br>Florida Dep<br>ES TO OFFICERS AND (  | ck payable t<br>artment of S<br>DIRECTORS IN               | tate 1 10 Addition             |  |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRECT                                    | 9. Election Campai<br>Trust Fund Contr<br>CTORS  | ign Financing ribution.  11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>P<br>NCI STOPPER<br>174 NW 46<br>Stala FC   | Make the Florida Dep ES TO OFFICERS AND I  | ck payable t<br>artment of S                               | tațe<br>V 10                   |  |
| TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRECT  DIR PLUNKETT, KATHLEEN  1740 E. SILVER SPRINGS BOULEY  OCALA, FL 34470  DIR PLUNKETT, PATRICK  1740 E. SILVER SPRINGS BOULEY  | 9. Election Campai<br>Trust Fund Contr<br>ETORS  Delete  VARD  | ign Financing ribution.  11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS FY STREET ADDRESS FY STREET ADDRESS FY STREET ADDRESS FY   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>PHYSICAL PLAN<br>VILLAGE RICE<br>VILLAGE RICE | Make the Florida Dep ES TO OFFICERS AND I  | ck payable t<br>artment of S<br>DIRECTORS IN               | tate 1 10 Addition             |  |
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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: ¿