

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 044 \*\*\*\*61.25

**DOCUMENT # N00000005345**

1. Entity Name  
**FOUNTAINS HOMEOWNERS ASSOCIATION OF MARION  
COUNTY, INC.**



Principal Place of Business  
**1740 E. SILVER SPRINGS BOULEVARD  
OCALA, FL 34470**

Mailing Address  
**1740 E. SILVER SPRINGS BOULEVARD  
OCALA, FL 34470**

4000000000



2. Principal Place of Business - No P.O. Box #  
**4698 NW 46th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**4698 NW 46th Ave**  
Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State  
**Ocala, FL**  
Zip  
**34482**  
Country  
**USA**

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**Ocala, FL**  
Zip  
**34482**  
Country  
**USA**

4. FEI Number  
**59-3718362**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PLUNKETT, JOHN RA  
1740 E. SILVER SPRINGS BOULEVARD  
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name  
**Christopher Wirt**  
Street Address (P.O. Box Number is Not Acceptable)  
**4674 NW 46th Ave**  
City  
**Ocala** **FL** Zip Code  
**34482**

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

*Christopher Wirt*

**2-11-08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
**DIR**  
NAME  
**PLUNKETT, KATHLEEN** ☒ Delete  
STREET ADDRESS  
**1740 E. SILVER SPRINGS BOULEVARD**  
CITY-ST-ZIP  
**OCALA, FL 34470**

TITLE  
**DIR** ☒ Delete  
NAME  
**PLUNKETT, PATRICK**  
STREET ADDRESS  
**1740 E. SILVER SPRINGS BOULEVARD**  
CITY-ST-ZIP  
**OCALA, FL 34470**

TITLE  
**DIR** ☒ Delete  
NAME  
**PLUNKETT, KEVIN**  
STREET ADDRESS  
**1740 E. SILVER SPRINGS BOULEVARD**  
CITY-ST-ZIP  
**OCALA, FL 34470**

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
**DP** ☐ Change ☒ Addition  
NAME  
**Christopher Wirt**  
STREET ADDRESS  
**4674 NW 46th Ave**  
CITY-ST-ZIP  
**Ocala, FL 34482**

TITLE  
**DV** ☐ Change ☒ Addition  
NAME  
**Michael Riccobene**  
STREET ADDRESS  
**4680 NW 45th Ct**  
CITY-ST-ZIP  
**Ocala, FL 34482**

TITLE  
**DT** ☐ Change ☒ Addition  
NAME  
**Dawn Henrich**  
STREET ADDRESS  
**4698 NW 46th Ave**  
CITY-ST-ZIP  
**Ocala FL 34482**

TITLE  
**D** ☐ Change ☒ Addition  
NAME  
**Joseph Morgan**  
STREET ADDRESS  
**4757 NW 45th Ct**  
CITY-ST-ZIP  
**Ocala, FL 34482**

TITLE  
**D** ☐ Change ☒ Addition  
NAME  
**Stephanie Clarkson**  
STREET ADDRESS  
**4818 NW 46th Ave**  
CITY-ST-ZIP  
**Ocala FL 34482**

TITLE  
**S** ☐ Change ☒ Addition  
NAME  
**Debra Edwards**  
STREET ADDRESS  
**4625 NW 44th Ct**  
CITY-ST-ZIP  
**Ocala FL 34482**

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:

*Dawn Henrich*

**2/8/08 352-489-9162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #