

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005345

FILED
Feb 12, 2009
Secretary of State

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

Current Principal Place of Business:

4698 NW 46TH AVE
OCALA, FL 34482

New Principal Place of Business:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

Current Mailing Address:

4698 NW 46TH AVE
OCALA, FL 34482

New Mailing Address:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

FEI Number: 59-3718362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIRT, CHRISTOPHER
4674 NW 46TH AVE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471 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: GARRY H. GRIFFIN

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WIRT, CHRISTOPHER
Address: 4674 NW 46TH AVE
City-St-Zip: OCALA, FL 34482

Title: DV () Delete
Name: RICCOBENE, MICHELE
Address: 4680 NW 115TH CT
City-St-Zip: OCALA, FL 34482

Title: DT () Delete
Name: HENRICH, DAWN
Address: 4678 NW 46TH AVE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: MOROAN, JOSEPH
Address: 4757 NW 45TH CT
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: CLARKSON, STEPHANIE
Address: 4818 NW 46TH AVE
City-St-Zip: OCALA, FL 34482

Title: S (X) Delete
Name: EDWARDS, DEBRA
Address: 4625 NW 44TH CT
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BURNS, SARAH
Address: 4670 NW 44TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: P (X) Change () Addition
Name: RICCOBENE, MICHAEL
Address: 4680 NW 115TH CT
City-St-Zip: OCALA, FL 34482

Title: VP (X) Change () Addition
Name: POPPIN, TOM
Address: 4798 NW 46TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: DT (X) Change () Addition
Name: MORGAN, JOSEPH
Address: 4757 NW 45TH CT
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL RICCOBENE

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date