

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005345

FILED
Jan 25, 2011
Secretary of State

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

Current Principal Place of Business:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3718362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, LLC.
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: WENDY THROWER, CMCA

01/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: BURNS, SARAH
Address: 4670 NW 44TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: VP
Name: RICCOBENE, MICHAEL
Address: 4680 NW 115TH CT
City-St-Zip: OCALA, FL 34482

Title: D
Name: VANMETER, BRANDON
Address: 4469 NW 48TH LANE
City-St-Zip: OCALA, FL 34482

Title: P
Name: MORGAN, JOSEPH
Address: 4757 NW 45TH CT
City-St-Zip: OCALA, FL 34482

Title: S
Name: BURLEIGH, DAN
Address: 4780 NW 44TH TERRACE
City-St-Zip: OCALA, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: WENDY THROWER

CMCA

01/25/2011

Electronic Signature of Signing Officer or Director

Date