

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 020 ****61.25

DOCUMENT # N00000005739	
1. Entity Name THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business C/O PTM PROPERTY MGMT. 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	Mailing Address C/O PTM PROPERTY MGMT. 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908
2. Principal Place of Business - No P.O. Box #	3. Mailing Address

40074207



P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

31122007 Chg-NP CR2E037 (12/06)

FEI Number 65-1091403	Applied For Not Applicable
--------------------------	-------------------------------

Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P&M PROPERTY MGMT. 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name <u>Paul Sapp</u> P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 Zip Code _____
--	---

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

SIGNATURE Paul Sapp

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EGER, PRISCILLAR 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ed Schneider 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTELLO, FRANK 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEDDES, GAIL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gail Beddes 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRESNVE, DONALD 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Don Kresnve 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAN, GEORGE 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George Mahan 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vic Campau 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Paul S Beddes Paul S Beddes PREU 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #