


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 037 ****61.25

DOCUMENT # N00000005739		
1. Entity Name THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business P & M PROPERTY MGMT. 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	Mailing Address P & M PROPERTY MGMT. 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912
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2. Principal Place of Business - No P.O. Box # Innovative Property Mgt. Suite, Apt. #, etc. 1532 Jackson Street City & State Fort Myers, FL Zip 33401 Country US	3. Mailing Address % Innovative Property Mgt. Suite, Apt. #, etc. 1532 Jackson Street City & State Fort Myers, FL Zip 33901 Country US
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1st MOORE CR2E037 (10/07)

4. FEI Number 65-1091403		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SAPP, PAUL L P&M PROPERTY MGMT. 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912		7. Name and Address of New Registered Agent Name Linda S. Baxter Street Address (P.O. Box Number is Not Acceptable) % Innovative Property Mgt. I, Corp. 1532 Jackson Street City Fort Myers FL Zip Code 33901

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 **Linda S. Baxter**
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S EGER, PRISCILLAR 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD COSTELLO, FRANK 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P BEDDES, GAIL 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT GAIL BEDDES 22721 SANDY BAY DR. #102 ESTERO, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T KRESNVE, DONALD 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER DONALD KRESNYE 22721 SANDY BAY DR. #104 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V MAHAN, GEORGE 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CAMPAN, VIE 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Linda S. Baxter** 2-23-08 (239) 6932663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR