

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005739

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1337 EGRET'S LANDING 102
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 112260
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-1091403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, JOHN B
% EAGLE PROPERTY MANAGEMENT OF SW FL, INC.
1337 EGRET'S LANDING 102
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEDDES, GAIL
Address: 22721 SANDY BAY DR #102
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: KRESNYE, DONALD
Address: 22721 SANDY BAY DR. #104
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: MAHAN, GEORGE
Address: 14360 SO. TAMiami TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: CAMPAN, VIE
Address: 14360 SO. TAMiami TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN B BLANCHARD

MANG

04/16/2009

Electronic Signature of Signing Officer or Director

Date