

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90197 010 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000007734			
1. Entry Name THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3350 WOODS EDGE CIR 104 BONITA SPRINGS, FL 34134		Mailing Address 3350 WOODS EDGE CIR 104 BONITA SPRINGS, FL 34134	
2. Principal Place of Business Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110		3. Mailing Address Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	
02212008 CPO-NIP CR2E037 (11/05)		4. FEI Number 65-0144715	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L 3350 WOODS EDGE CIR 104 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	
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 <u>Susan L. Thompson</u> <u>SUSAN L. THOMPSON</u> Signature, typed or printed name of registered agent and the proprietor. (NOTE: Registered Agent's signature required when re-electing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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			
TITLE	D ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	SOLOVEY, JOSEPH	TITLE	DP ☒ Change ☐ Addition
STREET ADDRESS	10922 NW 18TH PLACE	NAME	SOLOVEY, JOE
CITY-ST-ZIP	PLANTATION, FL 33322	STREET ADDRESS	PO BOX 17046
		CITY-ST-ZIP	PLANTATION, FL 33318
TITLE	D ☐ Delete	TITLE	DT ☐ Change ☒ Addition
NAME	SOLOVEY, NOGA	NAME	MARTOCCIO, GREG
STREET ADDRESS	10922 NW 18TH PLACE	STREET ADDRESS	3380 WOODS EDGE CIRCLE #104
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D ☐ Delete	TITLE	
NAME	SATANOSKY, SELMO	NAME	
STREET ADDRESS	10922 NW 18TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 officers or directors.			
SIGNATURE <u>Gregory Martoccio</u> <u>Gregory Martoccio</u> <u>4/28/2006</u> Signature, typed or printed name of signing officer or director. Date			