

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007734

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FOUNTAINS PROFESSIONAL PARK
WOODS EDGE CIRCLE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 10608
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-1115104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY INC
1048 GOODLETTE RD
#201
NAPLES, FL 34102 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: DP () Delete
Name: SOLOVEY, JOSEPH
Address: P.O. BOX 17446
City-St-Zip: PLANTATION, FL 33318

Title: DST () Delete
Name: BALLARD, MARY
Address: PO BOX 17446
City-St-Zip: FORT LAUDERDALE, FL 33318

Title: DVP () Delete
Name: WULTZ, YEKUTIEL
Address: 2526 JARDIN DR
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: HAEFNER, MARSHA
Address: 3015 CARVERVIEW CIRCLE
City-St-Zip: ST. LOUIS, FL 63129

Title: D (X) Change () Addition
Name: WULTZ, YEKUTIEL
Address: 2526 JARDIN DR
City-St-Zip: WESTON, FL 33327

Title: DVP () Change (X) Addition
Name: MARTOCCIO, GREG
Address: 3380 WOODS EDGE CIRCLE #104
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Change (X) Addition
Name: STERN, LOU
Address: 1100 W CRAWFORD AVENUE
City-St-Zip: CONNELLSVILLE, PA 15425

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: JOE SOLOVEY

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date