

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007734

**FILED**  
**Apr 24, 2012**  
**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:**

COLONIAL SQUARE REALTY INC  
720 GOODLETTE RD  
5TH FLOOR  
NAPLES, FL 34102 US

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

04/24/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: AVANT, HARRY  
Address: P.O. BOX 52  
City-St-Zip: SHREVEPORT, LA 71161

Title: PD  
Name: HAEFNER, MARSHA  
Address: 3015 CARVERVIEW CIRCLE  
City-St-Zip: ST. LOUIS, FL 63129

Title: VPD  
Name: WULTZ, TULY  
Address: 2526 JARDIN DR  
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: CHIP OLSON

RA

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date