


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90234 021 ****61.25

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| DOCUMENT # N00000007734 |  |
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| 1. Entity Name THE FOUNTAINS PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC. | Principal Place of Business 13131 UNIVERSITY DR. FT. MYERS FL 33907 | Mailing Address 13131 UNIVERSITY DR. FT. MYERS FL 33907 |
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| 2. Principal Place of Business 3350 Woods Edge Cir. Suite, Apt. #, etc. 103 City & State Bonita Springs, FL Zip 34134 | 3. Mailing Address Advanced Property Management Service, Inc. Suite, Apt. #, etc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134 Zip Country |
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| <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |
| 4. FEI Number 65-0144715 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent VAN VLECK, PAMELA K C/O GRUBB & ELLIS 13131 UNIVERSITY DRIVE FORT MYERS FL 33907 |
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| 7. Name and Address of New Registered Agent Name <u>SUSAN L. THOMPSON</u> Street Address <u>Advanced Property Management Service, Inc.</u> City <u>3350 Woods Edge Circle, Ste 104</u> <u>Bonita Springs, FL 34134</u> <u>FL</u> Zip Code |
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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 Susan L. Thompson SUSAN L. THOMPSON 2/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing <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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLOVEY, JOE 10922 NW 18TH PLACE PLANTATION FL 33322 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAN VLECK, PAMELA 13131 UNIVERSITY DRIVE FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAN VLECK, C. GENE 13131 UNIVERSITY DRIVE FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRICIA COGAN 3350 WOODS EDGE CIR. STE. 103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUSAN THOMPSON 3350 WOODS EDGE CIR, STE. 104 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED JOE SOLOVEY 2/5/03 239-948-4589

CR2E037 (10/02)