2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00620

FILED Apr 15, 2009 Secretary of State

Entity Name: FOUNTAINS CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Princ	ipal Place of Business:
SUITE #50	TATE ROAD 43 000 OD. FL 32779	34		
Current M	iailing Addres	s:	New Maili	ng Address:
SUITE #50	TATE ROAD 43 000 OD, FL 32779	34		
FEI Number	: 59-2363272	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
SENTRY I 2180 W. S LONGWO	MES W JR MANAGEMENT TATE RD. 434 OD, FL 32779	SUITE 5000 US	urpose of changing i	ts registered office or registered agent, or both,
	e of Florida.	asimo uno otatomenti or tro p	arpece or enanging i	to regional amos of regions as agent, or bear,
SIGNATU				
	Electron	ic Signature of Registered Age	ent	Date
OFFICER	S AND DIREC	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:		Delete M ROOK RD	ADDITION Title: Name: Address: City-St-Zip:	IS/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VPD (X) SHEPHERD, TO 4386 MIDDLEB KISSIMMEE, FL	Delete M ROOK RD . 32811 Delete ROOK RD	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD (X) SHEPHERD, TO 4386 MIDDLEB KISSIMMEE, FL SD () RAPP, TREY 4414 MIDDLEB ORLANDO, FL	Delete JM ROOK RD . 32811 Delete ROOK RD 32811 Delete MEN ROOK RD	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition PD (X) Change () Addition RAPP, TREY 4414 MIDDLEBROOK RD
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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: TREY RAPP PD 04/15/2009