## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004752

FILED Feb 07, 2008 Secretary of State

Entity Name: THE FOUNTAINS AT PARADISE LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1515 DALE MABRY HWY., #102 1519 DALE MABRY HWY. LUTZ, FL 33548

SUITE 105 LUTZ, FL 33548

**Current Mailing Address:** New Mailing Address:

1515 DALE MABRY HWY., #102 1519 DALE MABRY HWY.,

LUTZ, FL 33548 SUITE 105

LUTZ, FL 33548

FEI Number: 59-3729873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, ANN MARIE BROWN, ANN MARIE 1515 DALE MABRY HWY., #102 1519 DALE MABRY HWY.

LUTZ, FL 33548 SUITE 105 LUTZ, FL 33548 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: ANN MARIE BROWN 02/07/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

COLLETTE, DAVID P STUART, VICTORIA Name: Name: 2207 BRINSON RD #4303 Address: 2007 BRINSON RD #3302 Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33558

Title: Title: (X) Change ( ) Addition ( ) Delete Name: HANSEN, DONALD Name: HANSEN, DONALD

Address: 2207 BRINSON RD #5204 Address: 2007 BRINSON RD #5204

City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33558

Title: () Delete Title: (X) Change ( ) Addition MILLER, SANDRA Name: MILLER, SANDRA Name:

2207 BRINSON RD #2402 2007 BRINSON RD #2402 Address: Address: City-St-Zip: LUTZ. FL 33558 City-St-Zip: LUTZ. FL 33558

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: SANCHEZ, MAX 2007 BRINSON RD. #3305 Address: Address:

City-St-Zip: City-St-Zip: LUTZ, FL 33558

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: VICTORIA STUART **PRES** 02/07/2008

Electronic Signature of Signing Officer or Director

Date