

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004752

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

1519 DALE MABRY HWY.
SUITE 105
LUTZ, FL 33548

New Principal Place of Business:

2007 BRINSON RD #3305
LUTZ, FL 33558

Current Mailing Address:

1519 DALE MABRY HWY.,
SUITE 105
LUTZ, FL 33548

New Mailing Address:

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

Name and Address of Current Registered Agent:

BROWN, ANN MARIE
1519 DALE MABRY HWY.
SUITE 105
LUTZ, FL 33548 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: P () Delete
Name: STUART, VICTORIA
Address: 2007 BRINSON RD #3302
City-St-Zip: LUTZ, FL 33558

Title: T () Delete
Name: HANSEN, DONALD
Address: 2007 BRINSON RD #5204
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: MILLER, SANDRA
Address: 2007 BRINSON RD #2402
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: SANCHEZ, MAX
Address: 2007 BRINSON RD. #3305
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MAX SANCHEZ

VP

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date