

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004879

1. Entity Name

THE FOUNTAINS OF NEW SMYRNA BEACH CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business

Mailing Address

3500 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

3500 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

4207 S. ATLANTIC AVENUE

3. Mailing Address

4207 S. ATLANTIC AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip 32169

Country VOLUSIA

Zip 32169

Country VOLUSIA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOETTLER, GWEN
4207 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDLEY, W. TED	
STREET ADDRESS	2304 HUNTINGTON PT. ROAD WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUDLEY, MARIANNE	
STREET ADDRESS	2304 HUNTINGTON PT. ROAD WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUDLEY, JAMES S	
STREET ADDRESS	2304 HUNTINGTON PT. ROAD WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-03-2002 90125 019 ****61.25

25174



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)