## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008389

FILED Mar 13, 2007 Secretary of State

Entity Name: FOUNTAIN OAKS SUBDIVISION LOT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 43 SE 103RD STREET OCALA, FL 34480 **Current Mailing Address: New Mailing Address:** 43 SE 103RD STREET OCALA, FL 34480 FEI Number: 06-1663210 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: GARTNER, CAROL A JETHWANI, ANIL 21 SE 103RD STREET 43 SE 103RD STREET OCALA, FL 34480 OCALA, FL 34480 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: ANIL JETHWANI 03/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GILLIS, WAYNE Name: Name: 89 S.E. 103RD STREET Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition GARTNER, JOHN Name: Name: Address: 86 S.E. 103RD STREET Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition BRUGIONI, JAN Name: Name: Address: 42 S.E. 103RD STREET Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: GARTNER, CAROL Name: JETHWANI, ANIL 43 S.E. 103RD STREET Address: Address: 21, S.E. 103RD STREET City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the 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: ANIL JETHWANI T 03/13/2007