

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90247 031 \*\*\*\*61.25

<b>DOCUMENT # N02000009392</b>					
<b>1. Entity Name</b> FOUNTAIN COURT PGI CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 255 WEST END DRIVE PUNTA GORDA, FL 33950-000			<b>Mailing Address</b> P.O. BOX 380758 PORT CHARLOTTE, FL 33980		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 32-0078646	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WISHARD, KRISTINE 23081 HARBORVIEW ROAD, 2ND FLOOR PORT CHARLOTTE, FL 33980			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PTD <b>NAME</b> PIZZUTI, DON <b>STREET ADDRESS</b> 197 PORTLAND STREET <b>CITY-ST-ZIP</b> BOSTON, MA 02114	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Justin Cross <b>STREET ADDRESS</b> 255 West End Drive #3309 <b>CITY-ST-ZIP</b> Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> WISE, JOHN <b>STREET ADDRESS</b> 175 PORTLAND STREET <b>CITY-ST-ZIP</b> BOSTON, MA 02114	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Robert Thompson <b>STREET ADDRESS</b> 255 West End Drive #3405 <b>CITY-ST-ZIP</b> Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> THOMPSON, ROBERT <b>STREET ADDRESS</b> 255 WEST END DRIVE, UNIT 3405 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Marvin Johnson <b>STREET ADDRESS</b> 255 West End Drive #4304 <b>CITY-ST-ZIP</b> Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> David Robertson <b>STREET ADDRESS</b> 255 West End Drive #2303 <b>CITY-ST-ZIP</b> Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> O <b>NAME</b> Al Rego <b>STREET ADDRESS</b> 255 West End Drive #1208 <b>CITY-ST-ZIP</b> Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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