

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90031 024 \*\*\*\*61.25

**DOCUMENT # N03000002761**

1. Entity Name  
**THE FOUNTAINS OF NEW SMYRNA BEACH  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4207 S ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**4207 S ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**20-0017167**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOETTLER, GWEN  
4207 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DUDLEY, W. TED ☐ Delete  
STREET ADDRESS 2304 HUNTINGTON PT RD W  
CITY-ST-ZIP WAYZATA, MN 55391

TITLE VD ☒ Delete  
NAME DUDLEY, MARIANNE  
STREET ADDRESS 2304 HUNTINGTON PT RD W  
CITY-ST-ZIP WAYZATA, MN 55391

TITLE STD ☒ Delete  
NAME DUDLEY, JAMES S  
STREET ADDRESS 2521 CROSS POINT RD  
CITY-ST-ZIP WAYZATA, MN 55391

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SRO ☐ Change ☒ Addition  
NAME GARY OLSON  
STREET ADDRESS 4207 S. ATLANTIC AVENUE #301  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VO ☐ Change ☒ Addition  
NAME LESTER MANOUK  
STREET ADDRESS 1002 ALABAMA DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-20-06*