

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

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**



03052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0017167	Applied For Not Applicable
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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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000677156
03/30/07-80093-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUDLEY, W. TED 2304 HUNTINGTON PT RD W WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLSON, GARY 4207 S ATLANTIC AVE 34 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, LESTER 1602 ALABAMA DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Gary Olson **Gary Olson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #