

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90017 049 ****61.25

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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**



03072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-0017167

Applied For
Not Applicable

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**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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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