

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002761

FILED  
Apr 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4207 S ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4207 S ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 20-0017167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUDLEY, W. TED  
Address: 2304 HUNTINGTON PT RD W  
City-St-Zip: WAYZATA, MN 55391

Title: STD ( ) Delete  
Name: OLSON, GARY  
Address: 4207 S ATLANTIC AVE 34  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD ( ) Delete  
Name: MANDELL, LESTER  
Address: 1602 ALABAMA DR  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: OLSON, GARY  
Address: 4207 S ATLANTIC AVE 3N  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GWEN SCHOETTLER

MGR

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date