

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 015 ****61.25

DOCUMENT # N05000001962					
1. Entity Name THE FOUNTAINS AT COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 30337 US 19 NORTH SUITE Q CLEARWATER, FL 33761			Mailing Address 30337 US 19 NORTH SUITE Q CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box # 3684 TAMPA RD. Suite, Apt. #, etc. 6		3. Mailing Address 3684 TAMPA RD. Suite, Apt. #, etc. 6			
City & State OLDSMAR FL		City & State OLDSMAR FL		4. FEI Number 20-2450767	
Zip 34677		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PMS MANAGEMENT SERVICES INC. 30337 US 19 NORTH SUITE Q CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name: CHARLA GABBAITH Street Address (P.O. Box Number is Not Acceptable): 3684 TAMPA RD. STE 6 City: OLDSMAR FL Zip Code: 34677		
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: <u>Charla Gabbaith</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: <u>2/22/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD NAME: PALMER, BRETT STREET ADDRESS: 2500 WINDING CREEK BLVD. #B208 CITY-ST-ZIP: CLEARWATER, FL 33761	☒ Delete		TITLE: PD NAME: MARILYN BUSARDO STREET ADDRESS: 2500 WINDING CREEK BLVD. #A206 CITY-ST-ZIP: CLEARWATER FL 33761	☐ Change ☒ Addition	
TITLE: SD NAME: PARCELLA, JEAN STREET ADDRESS: 2500 WINDING CREEK BLVD. #H108 CITY-ST-ZIP: CLEARWATER, FL 33761	☒ Delete		TITLE: UPD NAME: GIANCLAUDIO PLANZO STREET ADDRESS: 2500 WINDING CREEK BLVD. #B206 CITY-ST-ZIP: CLEARWATER FL 33761	☐ Change ☒ Addition	
TITLE: TD NAME: SKEA, WALTER STREET ADDRESS: 2500 WINDING CREEK BLVD. #1104 CITY-ST-ZIP: CLEARWATER, FL 33761	☐ Delete		TITLE: D NAME: CAROLE HAWKINS STREET ADDRESS: 2500 WINDING CREEK BLVD # 1104 CITY-ST-ZIP: CLEARWATER FL 33761	☐ Change ☒ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: D NAME: JESSICA WHITE STREET ADDRESS: 2500 WINDING CREEK BLVD. #D206 CITY-ST-ZIP: CLEARWATER FL 33761	☐ Change ☒ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition	
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: <u>Marilyn Busardo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>4-6-07</u> PRES.		
DAYTIME PHONE: <u>727-724-1238</u> Daytime Phone #			SIGNATURE: <u>Marilyn Busardo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		