

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003488

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: FOUNTAIN PARKE MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5850 T.G. LEE BLVD., SUITE 102  
ORLANDO, FL 32822

**New Principal Place of Business:**

3434 COLWELL AVE  
#200  
TAMPA, FL 33614

**Current Mailing Address:**

5850 T.G. LEE BLVD., SUITE 102  
ORLANDO, FL 32822

**New Mailing Address:**

3434 COLWELL AVE  
#200  
TAMPA, FL 33614

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOSS, DAVID  
5850 T.G. LEE BLVD., SUITE 102  
ORLANDO, FL 32822 US

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

RIZZETTA & COMPANY  
3434 COLWELL AVE  
#200  
TAMPA, FL 33614 US

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: WILLIAM RIZZETTA

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MOSS, DAVID  
Address: 5850 T.G. LEE BLVD., SUITE 102  
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete  
Name: MURPHY, BRANDY  
Address: 5850 T.G. LEE BLVD., SUITE 102  
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete  
Name: LAWSON, ROBERT  
Address: 5850 T.G. LEE BLVD., SUITE 102  
City-St-Zip: ORLANDO, FL 32822

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT LAWSON

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date