2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # N05000006309 1. Entity Name FOUNTAINS AT GOLF PARK, INC.								04-30-2008	3 90194	. 029 ****	70.00
Principal Place of Business 2121 N.E. 40TH AVENUE 0CALA, FL 34470 Mailing Address 150 SE 2ND AVE SUITE 1002 MIAMI, FL 33131											
Principal Place of Business - No P.O. Box # 3.			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State			4. FEi Numbe 20-3019	9366			pplied For ot Applicable	
Zip		Country	Zip	,	Country		5. Certificate	of Status Desired	X	\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered	Agent	
					N:	ame		<u> </u>			
IBC FIDUCIARY INC. 100 SE 2ND STREET SUITE 2222-A				Street Addres			ss (P.O. Box Numbe	er is Not Acceptable	9)		
MIAMI, FL											
					Ci	City FL Zip Code					
the obligat	named entit tions of regist	y submits this statement f tered agent.	for the purpo	ose of changing its	registered of	ffice or regis	stered agent, or bot	h, in the State of Flo	orida. I an	n familiar with	, and accept
		•									
SIGNATURE	Signature, typed	or printed name of registered agen	nt and title if app	icable (NOTE	: Registered Age	int signature requ	uired when reinstating)		DATE		
SIGNATURE	Filing Fe	or printed name of registered agents B Is \$61.25 Aay 1, 2008	nt and title if app	9. Election Can Trust Fund C	npaign Finan		\$5.00 May B Added to Fees	V 1	lake che	ck payable surtment of S	
10.	Filing Fe	e is \$61.25		9. Election Can	npaign Finan	ocing	\$5.00 May B Added to Fees	V 1	lake ched	ertment of S	State
	Filing Fe Due by M	oe is \$61.25 May 1, 2008 OFFICERS AND D	IRECTORS	9. Election Can	npaign Finan Contribution.	ocing	\$5.00 May B Added to Fees	Flor	lake ched	ertment of S	State
10. TITLE NAME	Filing Fe Due by M	oe is \$61.25 May 1, 2008 OFFICERS AND D L L 2ND STREET STE 222	IRECTORS	9. Election Can Trust Fund C	npaign Finan Contribution. 11. TITLE NAME	ocing	\$5.00 May B Added to Fees	Flor	lake ched	IRECTORS I	N 10
10. TITLE NAME STREET ADDRESS	DVPS SMEJDA, 100 S.E. 2 MIAMI, FI PS NUH, A	OFFICERS AND D OFFICERS AND D L 2ND STREET STE 222 L 33131	IRECTORS	9. Election Can Trust Fund C	npaign Finan Contribution. 11. TITLE NAME STREET AD	DORESS ZIP	\$5.00 May B Added to Fees	Flor	lake ched	IRECTORS I	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVPS SMEJDA, 100 S.E. 2 MIAMI, FI PS NUH, A 150 S.E. 2 MIAMI, FI TS SMEJDA,	OFFICERS AND D OFFICERS AND D L 2ND STREET STE 222 L 33131 2ND AVE STE 1002 L 33131 H 40TH AVENUE	IRECTORS	9. Election Can Trust Fund C	npaign Finan Contribution. 11. TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD	DODRESS ZIP	\$5.00 May B Added to Fees	Flor	lake ched	DIRECTORS II	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DVPS SMEJDA, 100 S.E. 2 MIAMI, FI PS NUH, A 150 S.E. 2 MIAMI, FI TS SMEJDA, 2121 N.E.	OFFICERS AND D OFFICERS AND D L 2ND STREET STE 222 L 33131 2ND AVE STE 1002 L 33131 H 40TH AVENUE	IRECTORS	9. Election Cam Trust Fund C	npaign Finan Contribution. 11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD	DODRESS ZIP DODRESS ZIP DODRESS ZIP	\$5.00 May B Added to Fees	Flor	lake ched	THECTORS II Change	N 10 Addition
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	DVPS SMEJDA, 100 S.E. 2 MIAMI, FI PS NUH, A 150 S.E. 2 MIAMI, FI TS SMEJDA, 2121 N.E.	OFFICERS AND D OFFICERS AND D L 2ND STREET STE 222 L 33131 2ND AVE STE 1002 L 33131 H 40TH AVENUE	IRECTORS	9. Election Cam Trust Fund C	npaign Finan Contribution. 11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD	DODRESS ZIP DODRESS ZIP DODRESS ZIP DODRESS	\$5.00 May B Added to Fees	Flor	lake ched	Change	N 10 Addition Addition Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 knustee 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: -

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25,2008

305-358-9990 Daytime Phone