2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N05000006309

Entity Name: FOUNTAINS AT GOLF PARK, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3019366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

IBC FIDUCIARY, INC.
100 SE 2ND ST.
SUITE 2222
MIAMI, FL 33131 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: A. ALEXANDER 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: SMEJDA, L
Address: 100 S.E. 2ND STREET STE 2222-A
City-St-Zip: MIAMI, FL 33131

Title: PS ( ) Delete
Name: NUH, A
Address: 150 S.E. 2ND AVE STE 1002
City-St-Zip: MIAMI, FL 33131

Title: TS ( ) Delete
Name: SMEJDA, H
Address: 2121 N.E. 40TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPS (X) Change ( ) Addition
Name: NUH, A
Address: 150 S.E. 2ND AVE STE 1002
City-St-Zip: MIAMI, FL 33131

Title: DTS (X) Change ( ) Addition
Name: SMEJDA, H
Address: 2121 N.E. 40TH AVENUE
City-St-Zip: OCALA, FL 34470

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: A. NUH D 01/28/2009
Electronic Signature of Signing Officer or Director Date