

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-10-2006 90003 039 ****61.25

DOCUMENT # N05000010093

1. Entity Name
FOUNDATION PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
269 SOUTH OSPREY AVE STE 200
SARASOTA, FL 34236

Mailing Address
269 SOUTH OSPREY AVE STE 200
SARASOTA, FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-1705835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG PA
ATTN: F. THOMAS HOPKINS
2033 MAIN ST STE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LAYTON, CATHY	
STREET ADDRESS	269 SOUTH OSPREY AVE STE 200	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUSSELL, STEPHEN D	
STREET ADDRESS	269 SOUTH OSPREY AVE STE 200	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, DONALD M	
STREET ADDRESS	107 SOUTH OSPREY AVE	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, LISA M	
STREET ADDRESS	107 SOUTH OSPREY AVE	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Manning Neale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
Date

941 9533 757
Daytime Phone #



ATTACHMENT

66004289

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2006

FOUNDATION PARK CONDOMINIUM ASSOCIATION, INC.
269 SOUTH OSPREY AVE STE 200
SARASOTA, FL 34236

Subject: **FOUNDATION PARK CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N05000010093**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION