

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90051 025 \*\*\*\*61.25

<b>DOCUMENT # N05000010093</b> 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 - No P.O. Box # <i>107 South Osprey</i> Suite, Apt. #, etc. <i>Suite 100</i>		3. Mailing Address <i>107 South Osprey</i> Suite, Apt. #, etc. <i>Suite 100</i>	
City & State <i>SARASOTA, FL</i>		City & State <i>SARASOTA, FL</i>	
Zip <i>34236</i>	Country <i>USA</i>	Zip <i>34236</i>	Country 
4. FEI Number 20-1705835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Lisa Doris LAWSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>107 South Osprey</i> City <i>Sarasota</i> FL Zip Code <i>34236</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPT LAYTON, CATHY 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSELL, STEPHEN D 269 SOUTH OSPREY AVE STE 200 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, DONALD M 107 SOUTH OSPREY AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, LISA M 107 SOUTH OSPREY AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <i>[Signature]</i>		Date <i>4-3-2008</i> Daytime Phone # <i>941 366 4006</i>	