

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90082 015 ****61.25

DOCUMENT # N05572 1. Entity Name FOUNTAIN COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3165 N. ATLANTIC AVE. COCOA BCH, FL 32931			Mailing Address CDR B-1 169 LONG POINT RD. CAPE CANAVERAL, FL 32920		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3165 N Atlantic Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cocoa Beach FL		4. FEI Number 59-2453138	
Zip		Country		Applied For ☐ Not Applicable	
Zip 32931		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUGAN, MICHELLE RECONCILABLE DIFFERENCES, INC. 109 LONG POINT RD CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name Suzanne Violet Street Address (P.O. Box Number is Not Acceptable) 3165 N. Atlantic Ave. #A301 City Cocoa Beach FL Zip Code 32931		
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 <u><i>[Signature]</i></u> <u><i>S. Violet</i></u> <u><i>4-3-07</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYBICKI, ANN 3165 N. ATLANTIC AVE., A203 COCOA BEACH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Greg White 3165 N Atlantic Ave B-107 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHIEDEI, FRANK 3165 N. ATLANTIC AVE #A202 COCOA BEACH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Suzanne Violet 3165 N. Atlantic Ave A-301 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORDHAM, KAY 3165 N. ATLANTIC AVE #A104 COCOA BCH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ray Collisough 3165 N Atlantic Ave A-408 Cocoa Beach, FL 32931	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, FRANK 3165 N. ATLANTIC AVE #B208 COCOA BEACH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Payne 3165 N Atlantic Ave B-208 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACAULEY, NORMAN 3165 N. ATLANTIC AVE #C207 COCOA BEACH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jack Hamilton 3165 N. Atlantic Ave RH-6 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>[Signature]</i></u> <u><i>S. Violet</i></u> <u><i>4-3-07</i></u> <u><i>321-7845434</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					