

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05572

FILED
Mar 11, 2009
Secretary of State

Entity Name: FOUNTAIN COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3165 N.ATLANTIC AVE.
COCOA BCH, FL 32931

New Principal Place of Business:

Current Mailing Address:

3165 N.ATLANTIC AVE.
COCOA BCH, FL 32931

New Mailing Address:

FEI Number: 59-2453138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIOLET, SUZANNE
3165 N ATLANTIC AVE
A301
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

BURKE, MATTHEW T CPA
1980 N. ATLANTIC AVENUE
SUITE 707
COCOA BEACH, FL 32931 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: MATTHEW T. BURKE, CPA

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, GREG
Address: 3165 N ATLANTIC AVE B 107
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: VIOLET, SUZANNE
Address: 3165 N ATLANTIC AVE A 301
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: GOLLIHUGH, RAY F
Address: 3165 N ATLANTIC AVE A 408
City-St-Zip: COCOA BCH, FL 32931

Title: SD () Delete
Name: IVORY, BARBARA
Address: 3165 N ATLANTIC AVE A207
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: MACAULAY, NORMAN M
Address: 3165 N ATLANTIC AVE C 207
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GREG WHITE

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date