

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000004282

**FILED**  
**Mar 19, 2013**  
**Secretary of State**

**Entity Name:** FOUNTAINS PROFESSIONAL OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6051-6095 W. COMMERCIAL BLVD.  
TAMARAC, FL 33309

**New Principal Place of Business:**

6051-6095 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

**Current Mailing Address:**

ATTEN: DARKO MLADENOVIC  
6065 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

**New Mailing Address:**

ALEXIS G HARRIS  
6095 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319 US

**FEI Number:** 11-3828179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MLADENOVIC, DARKO  
6065 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

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: ALEXIS G HARRIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MLADENOVIC, DARKO  
Address: 6065 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: VP  
Name: PEDRO, NEVILLE  
Address: 6051 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: ST  
Name: HARRIS, ALEXIS  
Address: 6095 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: ALEXIS G HARRIS

ST

03/19/2013

Electronic Signature of Signing Officer or Director

Date