

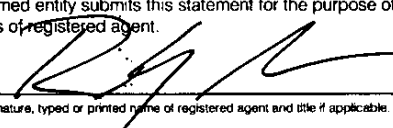
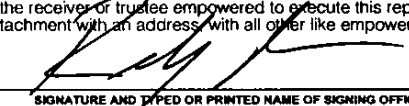


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90022 040 ****61.25

DOCUMENT # N06000010454					
1. Entity Name THE FOUNTAINS TOWNCENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741			Mailing Address 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc.		3. Mailing Address 202 BROADWAY Suite, Apt. #, etc.			
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE, FLORIDA		4. FEI Number 26-1253100	
Zip 34741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEIVE, RANDY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name: RANDY SHEIVE Street Address (P.O. Box Number is Not Acceptable): 202 BROADWAY City: KISSIMMEE FL 34741		
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: 				DATE: 4.18.08	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing <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 DP	NAME SHEIVE, RANDY		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME 202 BROADWAY KISSIMMEE FL 34741
STREET ADDRESS 8 BROADWAY, SUITE 218	CITY-ST-ZIP KISSIMMEE, FL 34741				
TITLE DV	NAME SHEIVE, KATHY		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 316 N. JOHN YOUNG PARKWAY	CITY-ST-ZIP KISSIMMEE, FL 34741				
TITLE DST	NAME BRUNSON, FRED		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 120 W. CARROLL STREET	CITY-ST-ZIP KISSIMMEE, FL 34744				
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 4.18.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					