

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-16-2007 90018 026 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N06000012459 1. Entity Name FOUNTAIN LAKE MASTER ASSOCIATION, INC.					
Principal Place of Business 5620 FOUNTAIN LAKE CIRCLE BRADENTON FL 34207			Mailing Address 5620 FOUNTAIN LAKE CIRCLE BRADENTON FL 34207		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 4370 S. Tamiami Trail Suite, Apt. #, etc. Suite 102 City & State Sarasota, FL Zip Country 34231 USA			
4. FEI Number			<input checked="" type="checkbox"/> 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 HARRISON, JAMES ESQ. PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON, 1205 MANATEE AVE WEST BRADENTON FL 34205			7. Name and Address of New Registered Agent Name Casey Condominium Management Street Address (P.O. Box Number is Not Acceptable) 4370 S. Tamiami Trail Suite Suite 102 City State Zip Code Sarasota FL 34231		
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)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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-STATE-ZIP	D CARLSON, WALTER K 5620 FOUNTAIN LAKE CIRCLE BRADENTON FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARLSON, RICHARD D 5620 FOUNTAIN LAKE CIRCLE BRADENTON FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORTON, GREG 5620 FOUNTAIN LAKE CIRCLE BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVID SUSLA 5620 FOUNTAIN LAKE CIRCLE BRADENTON, FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X			RICHARD CARLSON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone # 4/26/07 407-701-1617		