

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N06066	
1. Entity Name FOUNTAIN SQUARE OF INVERNESS CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 3354 EAST GULF TO LAKE HWY. INVERNESS, FL 34453 US	Mailing Address 3354 EAST GULF TO LAKE HWY. INVERNESS, FL 34453 US



DO NOT WRITE IN THIS SPACE

03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3086106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SLAYMAKER, THOMAS E.
SLAYMAKER AND ASSOC., P.A.
2250 WEST HIGHWAY 44, SUITE C-1
INVERNESS, FL 32650

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
KING, PHILIP R.
3354 E. GULF TO LAKE HWY
INVERNESS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HANLON, LARRY
3360 E GULF TO LAKE HWY
INVERNESS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KING, KAREN A
3354 E GULF TO LAKE HWY
INVERNESS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000092936
03/19/04-90028-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2004

Date

(352) 344-5488

Daytime Phone #