

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 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**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3086106**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 renataing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**D  
HANLON, LARRY  
3360 E GULF TO LAKE HWY  
INVERNESS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
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

**U00000538136  
05/09/06-80048-006 61.25**

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IN THIS SPACE**

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:**

*[Signature]*

**PHILIP R KING, PRESIDENT 4/25/2006 (352) 344-5488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #