

FILED
Apr 30, 2007 08:00 AM
Secretary of State

1. Entity Name
FOUNTAIN SQUARE OF INVERNESS CONDOMINIUM
ASSOCIATION, INC.



Mailing Address
3354 EAST GULF TO LAKE HWY.
INVERNESS, FL 34453 US

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

| TITLE |
|----------------|
| NAME |
| STREET ADDRESS |
| CITY-ST-ZIP |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/17/07-80004-003 70.00

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:

PHILIP R KING, PRESIDENT *JK* (352) 344-5488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0.12

Daytime Phone # _____