



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90018 028 ****61.25

DOCUMENT # N06295 1. Entity Name FOUNTAINVIEW HOME OWNERS, INC.					
Principal Place of Business <UNUSED> 8800 SHELDON RD TAMPA, FL 33635 US			Mailing Address 8800 SHELDON ROAD TAMPA, FL 33635 US		
2. Principal Place of Business		3. Mailing Address		 03222005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2877554				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 VEIHMEYER, PHYLLIS C 9128 GROSSE POINTE BLVD TAMPA, FL 33635				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEIHMEYER, PHYLLIS C.		NAME	Painter, Raymond	
STREET ADDRESS	9128 GROSSE POINTE BLVD.		STREET ADDRESS	9017 Nautilus Circle	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI PIETRO, FRANK		NAME	Hill, Ronald	
STREET ADDRESS	9003 NAUTILUS CIRCLE		STREET ADDRESS	8816 Fountain Club Blvd.	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCROVATO, FRANK		NAME	Donegan, Brian	
STREET ADDRESS	9109 BLAIRMOR ROAD		STREET ADDRESS	9153 Grosse Pointe Blvd.	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEIHMEYER, PHYLLIS		NAME		
STREET ADDRESS	9128 GROSSE POINTE BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHR, CLARISSA		NAME		
STREET ADDRESS	8808 SUNNINGDALE RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FASSE, BILL		NAME		
STREET ADDRESS	8801 BERKSHIRE LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
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 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: <u>Phyllis C. Veihmeyer</u>					