


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 023 ****61.25

DOCUMENT # N06295 1. Entity Name FOUNTAINVIEW HOME OWNERS, INC.					
Principal Place of Business <UNUSED> 8800 SHELTON RD TAMPA, FL 33635 US			Mailing Address 8800 SHELTON ROAD TAMPA, FL 33635 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2877554	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <u>KAREN POWERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>9135 GROSSE POINTE BLVD</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33635</u>	
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 <u>KAREN POWERS</u> <u>Karen Powers</u> <u>02/06/07</u> <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, 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-ST-ZIP	TD VEIHMEYER, PHYLLIS C. 9128 GROSSE POINTE BLVD. TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAREN POWERS 9135 GROSSE POINTE BLVD TAMPA FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INCAROVATO, FRANK 9109 BLAIRMOR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOB PRIETER 8818 EDGEWOOD DRIVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FASSE, WILLIAM 8801 BERKSHIRE LAND TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIRLEY SCHEIG 8822 SUNNINGDALE RD TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERLEIN, MARADELL 8809 HIGBIE PLACE TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHR, CLARISSA 8808 SUNNINGDALE RD TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSINGER, ROBERT 9138 BERKSHIRE LANE TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RALPH SANDERSON 9029 GROSSE POINTE CIRCLE TAMPA, FL 33635	<input checked="" 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 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: <u>KAREN POWERS</u> <u>Karen Powers</u> <u>813-887-1129</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					