

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06295

FILED
Jan 02, 2008
Secretary of State

Entity Name: FOUNTAINVIEW HOME OWNERS, INC.

Current Principal Place of Business:

<UNUSED>
8800 SHELDON RD
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

8800 SHELDON ROAD
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 59-2877554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, KAREN
9135 GROSSE POINTE BLVD.
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: POWERS, KAREN
Address: 9135 GROSSE POINTE BLVD.
City-St-Zip: TAMPA, FL 33635

Title: PD () Delete
Name: PRIETER, BOB
Address: 8818 EDGEWOOD DR
City-St-Zip: TAMPA, FL 33635

Title: VD () Delete
Name: SCHEIF, SHIRLEY
Address: 8822 SUNNING DALE RD
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: EBERLEIN, MARADELL
Address: 8809 HIGBIE PLACE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: MAHR, CLARISSA
Address: 8808 SUNNINGDALE RD
City-St-Zip: TAMPA, FL 33635

Title: SD () Delete
Name: SANDERSON, RALPH
Address: 9029 GROSSE POINTE CR.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHEIG, SHIRLEY
Address: 8822 SUNNING DALE RD
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WHITLOCK, LEE
Address: 9024 GROSSE POINT CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH SANDERSON

SD

01/02/2008

Electronic Signature of Signing Officer or Director

_____ Date