

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06295

FILED  
Feb 13, 2009  
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:

WILLARD, MONICA  
8828 NAUTALUS DRIVE  
TAMPA, FL 33635 US

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: MONICA WILLARD

02/13/2009

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: D ( ) Delete  
Name: SCHEIG, 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: VD ( ) Delete  
Name: WHITLOCK, LEE  
Address: 9024 GROSSE POINT CIRCLE  
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: TD (X) Change ( ) Addition  
Name: WILLARD, MONICA  
Address: 8828 NAUTALUS DRIVE  
City-St-Zip: TAMPA, FL 33635

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

Title: D (X) Change ( ) Addition  
Name: GOODWILL, BOB  
Address: 8809 WESTCHESTER ROAD  
City-St-Zip: TAMPA, FL 33635

Title: D (X) Change ( ) Addition  
Name: FASSE, JUNE  
Address: 8801 BERKSHIRE LANE  
City-St-Zip: TAMPA, FL 33635

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

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

02/13/2009

Electronic Signature of Signing Officer or Director

Date