
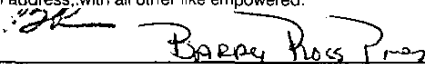


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90028 001 \*\*\*\*61.25

DOCUMENT # N07000010694							
1. Entity Name FOUNTAINVIEW COMMONS AT ST. LUCIE WEST LAND CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 3325 S. UNIVERSITY DR., STE. 210 DAVIE, FL 33328			Mailing Address 3325 S. UNIVERSITY DR., STE. 210 DAVIE, FL 33328				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01102008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROSS, BARRY 3325 S. UNIVERSITY DR., STE. 210 DAVIE, FL 33328			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROSS, BARRY		NAME				
STREET ADDRESS	3325 S. UNIVERSITY DR., STE. 210		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	OAKES, CORY		NAME				
STREET ADDRESS	340 E MAIN ST., STE. 300		STREET ADDRESS				
CITY-ST-ZIP	SPARTANBURG, SC 29302		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MATZ, WILLIAM		NAME				
STREET ADDRESS	3325 S. UNIVERSITY DR., STE. 210		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KING, CHARLES T.		NAME				
STREET ADDRESS	340 E MAIN ST., STE. 300		STREET ADDRESS				
CITY-ST-ZIP	SPARTANBURG, SC 29302		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TURNER, TODD		NAME				
STREET ADDRESS	340 E MAIN ST., STE. 300		STREET ADDRESS				
CITY-ST-ZIP	SPARTANBURG, SC 29302		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date: 1-15-08		Daytime Phone #: 954-452-7880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							