


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 043 ****61.25

DOCUMENT # N14528
 1. Entity Name
FOUNTAINVIEW ESTATES FRIENDSHIP COUNCIL, INC.



Principal Place of Business
FOUNTAINVIEW ESTATE
8800 SHELDON RD
TAMPA FL 33635

Mailing Address
FOUNTAINVIEW ESTATE
8800 SHELDON RD
TAMPA FL 33635
US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GAY, JACK G
9016 NAUTILUS DRIVE
TAMPA FL 33635

4. FEI Number **06-0197900**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **FARR, WILLIAM D. SR**
 Street Address (P.O. Box Number is Not Acceptable)
8818 NAUTILUS DR.
 City **TAMPA** FL Zip Code **33635**

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 *William D. Farr Sr.* DATE **FEB 26, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	SNYDER, IRENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8814 BRYSDR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	HAMILTOX, HARRIETT	<input type="checkbox"/> Delete
STREET ADDRESS	9147 GROSSE POINTE BLVD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	LESMERISES, MAY	<input type="checkbox"/> Delete
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	DARE, THELMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8809 EDGEWOOD BLVD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	GAY, ELIZABETH A	<input type="checkbox"/> Delete
STREET ADDRESS	9016 NAUTILUS DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	GAY, JACK C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9016 NAUTILUS DR	
CITY-ST-ZIP	TAMPA FL 33635	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	LAFOUNTAIN, ALICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9117 GROSSE PTE BLVD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE NAME	LESMERISES, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE NAME	FARR, WILLIAM D. SR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8818 NAUTILUS DR.	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE NAME	MYDLOWSKI, LORETTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9124 BLAIRMOOR RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE NAME	DOOLEY, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8811 TORREY RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE NAME	BONIELLO, JEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8825 BRYSDR	
CITY-ST-ZIP	TAMPA, FL 33635	

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: *William D. Farr Sr.* DATE: **FEB 26, 2004** DAYTIME PHONE #: **727-644-3070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR