

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90304 032 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

06-0197900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARR, WILLIAM D. SR  
8818 NAUTILUS DR  
TAMPA FL 33635

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	T	<input type="checkbox"/> Delete
NAME	LAFOUNTAIN, ALICE	
STREET ADDRESS	9117 GROSSE PTE BLVD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, HARRIETT	
STREET ADDRESS	9147 GROSSE POINTE BLVD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESMERISES, MAY	
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESMERISES, ROBERT	
STREET ADDRESS	8814 WESTCHESTER RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAY, ELIZABETH A	
STREET ADDRESS	9016 NAUTILUS DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	RA	<input type="checkbox"/> Delete
NAME	FARR, WILLIAM D SR	
STREET ADDRESS	8818 NAUTILUS DR	
CITY-ST-ZIP	TAMPA FL 33635	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTUCCI, JUDITH	
STREET ADDRESS	9146 GROSSE PTE BLVD.	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYDLOWSKI, LORETTA	
STREET ADDRESS	9124 BLAIRMOR RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, KATHERINE	
STREET ADDRESS	9115 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, FRANK	
STREET ADDRESS	9132 MCMILLAN LANE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, SHARON	
STREET ADDRESS	9129 BERKSHIRE LANE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FARR, WILLIAM D.</del>	
STREET ADDRESS	<del>8809 NAUTILUS DR.</del>	
CITY-ST-ZIP	<del>TAMPA, FL 33635</del>	

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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-644-3070  
7/24/05 (813) 727-6430