

**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
--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number 06-0197900	Applied For Not Applicable
--------------	--------------	------------------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----	---------	-----	---------	-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent FARR, WILLIAM D. SR 8818 NAUTILUS DR TAMPA FL 33635		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------	----------------------------------------------------------

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D NAME: MARTUCCI, JUDITH STREET ADDRESS: 9146 GROSSE PTE BLVD CITY-ST-ZIP: TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: MYDLOWSKI, LORETTA STREET ADDRESS: 9124 BLAIRMOR RD CITY-ST-ZIP: TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: JONES, KATHERINE STREET ADDRESS: 9115 MCMILLAN LANE CITY-ST-ZIP: TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: STEIN, FRANK STREET ADDRESS: 9132 MCMILLAN LANE CITY-ST-ZIP: TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: CAMPBELL, SHARON STREET ADDRESS: 9129 BERKSHIRE LANE CITY-ST-ZIP: TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FARR, WILLIAM D. 8809 HARVEY RD. TAMPA, FL 33635 (Duplicate)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x William D. Farr Sr.* DATE: 3/24/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WILLIAM D. FARR SR.** DAYTIME PHONE #: 727-644-3070