
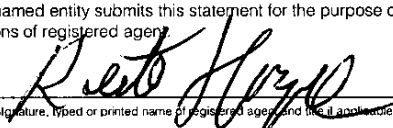
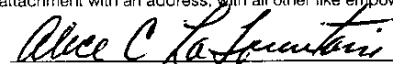


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07112006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 06-0197900	
				Applied For Not Applicable	
				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		
FARR, WILLIAM D SR 8818 NAUTILUS DR TAMPA, FL 33635			Name HAZEN, KEITH		
			Street Address (P.O. Box Number is Not Acceptable) 9124 BLAIRMOOR RD		
			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 				DATE JULY 11, 2006	
(NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFOUNTAIN, ALICE 9117 GROSSE PTE BLVD TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-LORETTA MYDLOWSKI 9124 BLAIRMOOR RD TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTOX, HARRIETT 9147 GROSSE POINTE BLVD TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-SHARON CAMPBELL 9126 BERKSHIRE LN TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESMERISES, MAY 8814 WESTCHESTER RD TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-JUDY MARTUCCI 9146 GROSSE PTE BLVD TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESMERISES, ROBERT 8814 WESTCHESTER RD TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-KATIE JONES 9115 McMILLAN LN TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, ELIZABETH A 9016 NAUTILUS DR TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN BONIELLO 8825 BRY'S DR. TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA FARR, WILLIAM D SR 8818 NAUTILUS DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- TONY MARTINEZ 9133 McMILLAN LN TAMPA, FL 33635
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: 			ALICE C. LAFOUNTAIN		Date 7-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 813889-7322