FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # **N17751** **(1)**

1. Corporation Name

FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
824 EAST FLETCHER AVE. TAMPA FL 33612 US	824 EAST FLETCHER AVE. TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2738973 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A., ESQUIRE
3711 TAMPA ROAD, SUITE 103
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name: Steven H. Mezer, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1212 Court Street
83: Suite B
84 City: Clearwater FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pres. STEVEN H. MEZER, Pres. DATE: 2/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	~~PD~~ STD	☒ Change ☐ Addition
NAME	CERNIUS, VICTORIA	12 NAME		
STREET ADDRESS	12020 STONE CROSSING CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	PD	☒ Change ☐ Addition
NAME	KANTROWIEZ, SHARON	22 NAME	Fernandez, Albert	
STREET ADDRESS	12032 STONE CROSSING CIRCLE	23 STREET ADDRESS	12014 Lilleberry Ct	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa FL 33635	
TITLE	TD	31 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, JAN	32 NAME	Dillon, Valerie	
STREET ADDRESS	12050 STONE CROSSING CIRCLE	33 STREET ADDRESS	12007 Lilleberry Ct	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa FL 33635	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria A. Cernius 3/17/95 813-977-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Victoria A. Cernius, Secretary/Treasurer

0014267