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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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~~

3. Date Incorporated or Qualified: 11/13/1986

4. FEI Number: 59-2738973 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7001 Temple Terrace Highway	26 7001 Temple Terrace Highway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Temple Terrace FL	28 City & State: Temple Terrace FL
24 Zip: 33637 25 Country: Hillsborough	29 Zip: 33637 30 Country: Hillsborough

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVEN H MEZER, PA
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORNIUS, VICTOR		1.2 NAME		
STREET ADDRESS	12020 STONE CROSSING CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	2.1 TITLE	~~D/P~~	☒ Change ☐ Addition
NAME	FERNANDEZ, ALBERT		2.2 NAME		
STREET ADDRESS	12074 LITTLE BERRY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	D/P	☒ Change ☐ Addition
NAME	METCALF, JOHN		3.2 NAME		
STREET ADDRESS	12030 STONE CROSSING CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME			4.2 NAME	Gowins, Teresa	
STREET ADDRESS			4.3 STREET ADDRESS	12003 Lilleberry Ct	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE		☐ DELETE	5.1 TITLE	D/T	☐ Change ☒ Addition
NAME			5.2 NAME	Kantrowitz, Sharon	
STREET ADDRESS			5.3 STREET ADDRESS	12032 Stone Crossing Circle	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE		☐ DELETE	6.1 TITLE	D/VP	☐ Change ☒ Addition
NAME			6.2 NAME	Beckerman, Madeline	
STREET ADDRESS			6.3 STREET ADDRESS	12044 Stone Crossing Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa FL 33635	

CR2E037 (10/97)

14. 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 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: [signature] 1-20-98 813-980-1990