2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17751

1. Entity Name

FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90050 021 ****61.25

Principal Place of Business	Mailing Address
7001 TEMPELE TERR HWY TEMPLE TERR FL 33637 US	7001 TEMPLE TERR HWY TEMPLE TERRACE FL 33637-5734 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2738973 ☐ 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
STEVEN H MEZER, PA 1212 COURT STREET SUITE B CLEARWATER FL 34616	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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOWING, TERESA 12003 LITTLEBERRY CT TAMPA FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Bertucio, Robert 12007 Littleberry Court Tampa FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORETTA, SMITH K 12002 STONE CROSSING CIR. TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUFNAGOL, GEORGE 12030 STONE CROSSING CIRCLE TAMPA FL 33035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Zuta, Barry 12013 Stone Crossing Circle Tampa FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROMANO, KRIS 12012 LITTLEBERRY CT. TAMPA FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD mulder, Sarah 12057 Stone Crossing Circle Tampa FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Loretta Smith REQUIRED 2/10/00 813 855-7935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Loretta Smith — Date — Daytime Phone #