FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # N17751 **Secretary of State** 1. Entity Name 03-29-2001 90018 015 ****61.25 FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7001 TEMPELE TERR HWY 7001 TEMPLE TERR HWY TEMPLE TERR FL 33637 TEMPLE TERRACE FL 33637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2738973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEVEN H MEZER, PA 1212 COURT STREET SUITE B City Zip Code CLEARWATER FL 34616 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** Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 07P Delete TITLE TITLE Change Addition BERTUCIO, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 12003 LITTLEBERRY CT CITY-ST-7IF CITY-ST-ZIP Tampa FL 33635 TITLE PD Delete TITLE LORETTA, SMITH K NAME NAME STREET ADDRESS 12002 STONE CROSSING CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33635 VPD Delete TITLE ZUTA, BARRY NAME NAME STREET ADDRESS 12030 STONE CROSSING CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33035** SD Change ☐ Delete TITLE ☐ Addition TITLE MULDER, SARAH NAME NAME STREET ADDRESS STREET ADDRESS 12012 LITTLEBERRY CT. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33635 TITLE Delete TITLE ☐ Change Addition John Metculf NAME 12030 Stone Crossing Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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