

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90101 045 ****61.25

DOCUMENT # N17751

1. Entity Name

FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7001 TEMPLE TERR HWY
 TEMPLE TERR FL 33637
 US**

**7001 TEMPLE TERR HWY
 TEMPLE TERRACE FL 33637
 US**

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 **DP** ☒ Delete
 NAME **BERTUCIO, ROBERT**
 STREET ADDRESS **12003 LITTLEBERRY CT**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Hammett, Tom**
 STREET ADDRESS **12008 Stone Crossing Circle**
 CITY-ST-ZIP **Tampa, FL 33635**

TITLE **PD** ☒ Delete
 NAME **FERNANDOS, MARGARET**
 STREET ADDRESS **12002 STONE CROSSING CIR.**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE **DT** ☐ Change ☐ Addition
 NAME **DT**
 STREET ADDRESS **DT**
 CITY-ST-ZIP **DT**

TITLE **DVP** ☐ Delete
 NAME **METCALF, JOHN**
 STREET ADDRESS **12030 STONE CROSSING CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33035**

TITLE **DS** ☐ Change ☒ Addition
 NAME **John Decoret**
 STREET ADDRESS **12006 Littleberry Court**
 CITY-ST-ZIP **Tampa, FL 33635**

TITLE **SD** ☒ Delete
 NAME **MULDER, SARAH**
 STREET ADDRESS **12012 LITTLEBERRY CT.**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE **DPP** ☐ Change ☐ Addition
 NAME **Sharon Kantrowitz**
 STREET ADDRESS **12032 Stone Crossing Circle**
 CITY-ST-ZIP **Tampa, FL 33635**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tom Hammett 2/27/02 813-980-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)