2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90094 008 ****61.25

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DOCUMENT # N17751

1. Entity Name
FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC.

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

01112005 Chg-NP CR2E037 (10/03)

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

DUARTE, ANTONIO III
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☑ Delete	TITLE	DP	☑ Change ☑ Addition
NAME	BERTUCIO, MARYANN		NAME	Gudrun "Gudi" Benson	
STREET ADDRESS	12007 LITTLEBERRY CT		STREET ADDRESS	12006 Stone Crossing Circle	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	DT	☑ Delete	TITLE	DT	☑ Change ☐ Addition
NAME	METCALF, JOHN		NAME	Carlos Fernandes	
STREET ADDRESS	12030 STONE CROSSING CIRCLE		STREET ADDRESS	12022 Stone Crossing Circle	
CITY-ST-ZIP	TAMPA, FL 33035		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	VP	☑ Delete	TITLE	DVP	☑ Change ☐ Addition
NAME	CHARLES, MICHAEL		NAME	Albert Fernandez	
STREET ADDRESS	12028 STONE CROSSING CIR		STREET ADDRESS	12014 Littleberry CT.	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	S	☑ Delete	TITLE	DS	☑ Change ☐ Addition
NAME	HOPSON-FERNANDES, MARGARET		NAME	Madeline Beckerman	
STREET ADDRESS	12022 STONE CROSSING CIR		STREET ADDRESS	12044 Stone Crossing Circle	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Gudrun Benson, Gudrun Benson 3/2/05 813 8556488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #