2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N17751

Entity Name: FOUNTAINLAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPELE TERR HWY
TEMPLE TERR, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERR HWY
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-2738973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTERMAN, MARIELLE
215 VERNE ST. SUITE A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HORTARIDIS, TIM
Address: 12017 STONE CROSSING CIR
City-St-Zip: TAMPA, FL 33635

Title: DVP ( ) Delete
Name: FERNANDEZ, ALBERT
Address: 12014 LITTLEBERRY CT
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete
Name: DECOTRET, JOHN
Address: 12006 LITTLEBERRY CT.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: BENSON, GUDI
Address: 12006 STONE CROSSING CIR
City-St-Zip: TAMPA, FL 33635

Title: DP (X) Change ( ) Addition
Name: KANTROWITZ, MARK
Address: 12032 STONE CROSSING CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: DT (X) Change ( ) Addition
Name: FERNANDES, CARLOS
Address: 12022 STONE CROSSING CIRCLE
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAPHINE WILSON LCAM 04/09/2009

Electronic Signature of Signing Officer or Director — Date