2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17887

Apr 27, 2007 Secretary of State

Entity Name: THE ASSOCIATION OF THE FOUNTAINS CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

KEYSTONE PROPERTY MGMT GROUP, INC 2001 9TH AVENUE, #308 VERO BEACH, FL 32960 US

New Mailing Address: Current Mailing Address:

2001 9TH AVENUE

VERO BEACH, FL 32960 US

FEI Number: 59-2182742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, WILLIAM F 2001 9TH AVENUE 308

VERO BEACH, FL 32960 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change () Addition () Delete WALSH, THOMAS Name: TILNEY, BARBARA Name: 5705 N A1A UNIT 4 Address: 5724 N A1A Address:

City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: SD Title: () Delete () Change () Addition

FISHER, MARILYN Name: Name: Address: 5790 N A1A Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip:

Title: VPD () Delete Title: (X) Change () Addition

NAUGHT, ROBERT NAUGHT, ROBERT Name: Name: 5820 N A1A Address: 5820 N A1A

Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: VPD (X) Change () Addition Name: THOMAS, NORMAN Name: THOMAS, JOE

Address: 5828 N A1A Address: 5832 N A1A City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: (X) Change () Addition PANZARINO, SAV FORREST, MARIE Name: Name:

5810 NORTH A1A, APT 4C Address: Address: 5715 N.A1A City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: () Change (X) Addition

WALSH, THOMAS Name: Name: Address: Address: 5705 N.A1A

VERO BEACH, FL 32963 City-St-Zip: City-St-Zip:

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: MARILYN FISHER SD 04/27/2007