


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90036 025 \*\*\*\*61.25

<b>DOCUMENT # N23182</b> 1. Entity Name <b>FORTUNE PLACE PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4320 WOODLAND PARK DR W. MELBOURNE, FL 32904</b>	Mailing Address <b>4320 WOODLAND PARK DR W. MELBOURNE, FL 32904</b>
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CUNNINGHAM, GARY R. 4320 WOODLAND PARK DR W. MELBOURNE, FL 32904</b>
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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, GARY R. 4320 WOODLAND PARK DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INGRAM, BRUCE D. 4320 WOODLAND PARK DR W. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, JUDY 4320 WOODLAND PARK DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, W ROBERT JR 4320 WOODLAND PARK DR WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *W Robert Anderson Jr.* *3/17/05* *321-723-3400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #