


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N23182	
1. Entity Name FORTUNE PLACE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 4320 WOODLAND PARK DR W. MELBOURNE, FL 32904	Mailing Address 4320 WOODLAND PARK DR W. MELBOURNE, FL 32904
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CRZE037 (11/05)

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

6. Name and Address of Current Registered Agent

CUNNINGHAM, GARY R.
4320 WOODLAND PARK DR
W. MELBOURNE, FL 32904

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000469738
03/27/06-80011-023 61.25


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	VO 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

 G.R. CUNNINGHAM 2/22/06 3217233400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #