

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

W. ROBERT ANDERSON JR.

**DO NOT WRITE
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

W. Robert Anderson Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000914456
05/08/08-80058-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	CUNNINGHAM, GARY R.
STREET ADDRESS	4320 WOODLAND PARK DR
CITY-ST-ZIP	MELBOURNE, FL

TITLE	VD
NAME	INGRAM, BRUCE D.
STREET ADDRESS	4320 WOODLAND PARK DR
CITY-ST-ZIP	W. MELBOURNE, FL

TITLE	PD
NAME	ANDERSON, W ROBERT JR
STREET ADDRESS	4320 WOODLAND PARK DR
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

W. Robert Anderson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08

321-723-3400