FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25654

(7)

FOUNTAIN SQUARE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business		Malling Address	Malling Address		
6200 COURTNEY CAMPBELL CAUSEWAY		6200 COURTNEY CAMPBELL CAUSEWAY #600			
TAMPA FL 33607 US		TAMPA FL 33607 US		3. Date Incorporated or Qualified 03/29/1988	3a. Date of Last Report 04/29/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite Apt # etc		26		59-2886284	Not Applicable
		Suite, Apt. #, etc.			CO 75 Additional
22 Chall Nate		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├ ─┐ `	30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes DNo
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 Name					
WELCH, GARY E 82 Street Address				11	
6200 COURTNEY CAMPBELL CAUSEWAY			82 Street A	ddress (P.O. Box Number is Not Accepta	ole)
#600			83		
	FL 33607				
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agen					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1.1 TITLE	D/T	Change X Addition
NAME PREUSCH, BARRY W			1.2 NAME	Marshall, Gene E.	i
STREET ADDRESS 4925 INDEPENDENCE PARKY		KWAY	1.3 STREET ADDRESS	4925 Independence Par	kwav
CITY-ST-ZIP TAMPA FL 33634			1,4 CiTY-ST-ZIP	Tampa, FL 33607	
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	LOFGREN, ROBERT		2.2 NAME		
STREET ADDRESS 4925 INDEPENDENCE PARKY		KWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL			2. CITY-ST-ZIP		
TITLE	DT	X DELETE	3.1 TITLE		Change Addition
NAME	CHRISTIANA, CHARLES J		3.2 NAME		
STREET ADDRESS	4925 INDEPENDENCE PKW	Υ,	3.3 STREE1 ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		3.4, CITY-ST-ZIP		
TITLE	8	☐ DELETE	4.1 TITLE		Change Addition
NAME	WELCH, GARY E	I AILIAMIAIA	4. 2 NAME		
STREET ADDRESS	**** * * * * * * * * * * * * * * * * * *		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	T priese	4.4 CITY - ST - ZIP		
TOTLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CHY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if or fliged, or on an attachment with an address.

Fountail Square property where Association, Inc.