


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 049 ****61.25

DOCUMENT # N25654 1. Entity Name FOUNTAIN SQUARE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US			Mailing Address 655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2886284			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 STOREY, BRENDA H 655 N FRANKLIN ST. #2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREUSCH, BARRY W 4925 INDEPENDENCE PARKWAY TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Miskar 4925 Independence PKwy Tampa, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARSHALL, GENE E 4925 INDEPENDENCE PARKWAY TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barry Hanerfeld 655 N. Franklin St #2200 Tampa FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOREY, BRENDA H 655 N. FRANKLIN ST., STE 2200 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KERNER, STEVEN 4925 INDEPENDENCE PKWY TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Brenda H. Storey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/27/06</u> Daytime Phone # <u>813-281-8888</u>		

50017652





ATTACHMENT
500176-52
1025654

■ 655 North Franklin Street
Suite 2200
Tampa, Florida 33602-4448
813.281.8888
813.281.5657 Fax
www.WilsonCompany.com

April 27, 2006

Florida Department of Revenue
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

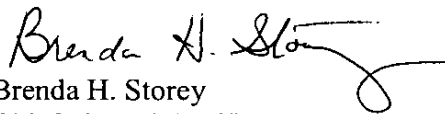
Re: Fountain Square Property Owners Association, Inc.
Tax I.D #59-2886284

Dear Sirs:

Enclosed please find the 2006 Not For Profit Corporation Annual Report along with the appropriate fee for the above entity.

Please do not hesitate to contact me if you need additional information.

Sincerely,


Brenda H. Storey
Chief Financial Officer

BHS/plm

Enclosure

S:\Admin\Accounting\Accounting Administrative Reports\Fla Tax Letters\2003\ubr letter 2004.doc