FILED
Jun 10, 2008 8:00 am
Secretary of State
04-11-2008 90029 002 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N25654

1. Entity Name
FOUNTAIN SQUARE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US	655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US

66013914

02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2886284
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOREY, BRENDA H
655 N FRANKLIN ST.
#2200
TAMPA, FL 33602

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MISKAR, ROBERT
STREET ADDRESS	4925 INDEPENDENCE PKWY
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T
NAME	HANERFEILD, BARRY
STREET ADDRESS	665 N FRANKLIN ST., #2200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	STOREY, BRENDA H
STREET ADDRESS	655 N. FRANKLIN ST., STE 2200
CITY-ST-ZIP	TAMPA, FL 33602
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 asterisk, with all other like empowered.

SIGNATURE: Robert G. Miskar 5/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/11/2008-90029-002-$61.25-$61.25

DOCUMENT # N25654

1. Entity Name
FOUNTAIN SQUARE PROPERTY OWNERS ASSOCIATION, INC.

ATTACHMENT

Principal Place of Business	Mailing Address
655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US	655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US

· 660139 14

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2886284

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOREY, BRENDA H
655 N FRANKLIN ST.
#2200
TAMPA, FL 33602

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 _____
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MISKAR, ROBERT
STREET ADDRESS	4925 INDEPENDENCE PKWY
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T
NAME	HANERFEILD, BARRY
STREET ADDRESS	665 N FRANKLIN ST., #2200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	STOREY, BRENDA H
STREET ADDRESS	655 N. FRANKLIN ST., STE 2200
CITY-ST-ZIP	TAMPA, FL 33602
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #