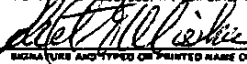


FILED
Jun 10, 2008 8:00 am
Secretary of State

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 655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US		Mailing Address 655 N. FRANKLIN ST. STE 2200 TAMPA, FL 33602 US
DO NOT WRITE IN THIS SPACE		
		66013914 
		02222008 No Chg-NP CRZE037 (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 fee if applicable. (NOTE: Registered Agent signature required when re-registering.) 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 NAME STREET ADDRESS CITY - ST - ZIP	P MISKAR, ROBERT 4925 INDEPENDENCE PKWY TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HANERFEILD, BARRY 665 N FRANKLIN ST., #2200 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOREY, BRENDA H 655 N. FRANKLIN ST., STE 2200 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 to an affidavit, with all other the empowered.		
SIGNATURE:  Robert G. Miskar 5/13/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputy Secretary		

PRESIDENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N25654

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FOUNTAIN SQUARE PROPERTY OWNERS
ASSOCIATION, INC.



ATTACHMENT

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STE 2200
TAMPA, FL 33602 US

Mailing Address
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STE 2200
TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

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Signature, typed or printed name of registered agent and title if applicable

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DATE

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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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #