

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 18, 2009
Secretary of State**

DOCUMENT# N28635

Entity Name: FOUNTAIN SQUARE CONDOMINIUM ASSOCIATION OF KISSIMMEE, INC.

Current Principal Place of Business:

New Principal Place of Business:

%WAYNE SCHOOLFIELD
101 PARK PLACE BLVD., STE. 3
KISSIMMEE, FL 347412365

Current Mailing Address:

New Mailing Address:

%WAYNE SCHOOLFIELD
101 PARK PLACE BLVD., STE. 3
KISSIMMEE, FL 347412365

FEI Number: 59-2925669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHOOLFIELD, WAYNE
101 PARK PLACE BLVD.
SUITE 3
KISSIMMEE, FL 32741 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHOOLFIELD, WAYNE
Address: 101 PK PL BLVD, STE. 3
City-St-Zip: KISSIMMEE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: SCHOOLFIELD, DIANNE
Address: 101 PK PL BLVD, STE. 3
City-St-Zip: KISSIMMEE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Delete
Name: SCHOOLFIELD, CHERYL
Address: 101 PARK PLACE BLVD SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SCHOOLFIELD

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date