

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 042 ****61.25

DOCUMENT # N30056 1. Entity Name THE FOUNTAINVIEW AT SPRING LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3146 VIA POINCIANA LAKE WORTH, FL 33467			Mailing Address 3146 VIA POINCIANA LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0207045	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PMS CORP. 3150 VIA POINCIANA LAKE WORTH, FL 33467				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 FERLAUTO, ROBERT 3146 VIA POINCIANA LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROZIK, WILLIAM 3146 VIA POINCIANA LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MINTZ, MILTON 3146 VIA POINCIANA LAKE WORTH, FL 33467	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDBERG, MIRIAM 3146 VIA POINCIANA LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					