FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:20

DOCUMENT # N30189 (7)

1. Corporation Name

FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O CLARK, ATTY & CLARK & COMPARETTO PA 4740 CLEVELAND HEIGHTS BLVD LAKELAND FL 33807-3559	C/O CLARK, ATTY & CLARK & COMPARETTO PA 4740 CLEVELAND HEIGHTS BLVD LAKELAND FL 33807-3559

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0095737 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CLARK, ATTY, CLARK & COMPARETTO, PA
4740 CLEVELAND HEIGHTS BLVD
SUITE 500, NCNB NATIONAL BANK BLDG.
LAKELAND FL 33807-3559

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	HOLMES, ANNE	1.2 NAME	Browand, Ken
STREET ADDRESS	912 FOUNTAINVIEW S.	1.3 STREET ADDRESS	708 Fountainview Lake Dr.
CITY-ST-ZIP	LANELAND FL 33809	1.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	VP	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	BROWAND, KENNETH S	2.2 NAME	Wilson, Arlow
STREET ADDRESS	708 FOUNTAINVIEW LAKE DR	2.3 STREET ADDRESS	610 Fountainview North
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	P	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	WILSON, ARLOW	3.2 NAME	Sweet, Donna
STREET ADDRESS	610 FOUNTAINVIEW N	3.3 STREET ADDRESS	915 Fountainview South
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	OGLE, CHARLOTTE	4.2 NAME	
STREET ADDRESS	605 FOUNTAINVIEW NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	HOLMES, M CLAIR	5.2 NAME	
STREET ADDRESS	~~911 FOUNTAINVIEW S~~	5.3 STREET ADDRESS	616 Fountainview South
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	LAFOUNTAIN, KEITH	6.2 NAME	Ball, Vern
STREET ADDRESS	608 FOUNTAINVIEW N.	6.3 STREET ADDRESS	917 Fountainview Lake Dr.
CITY-ST-ZIP	LAKELAND FL 33809	6.4 CITY-ST-ZIP	Lakeland, FL 33809

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an alteration.

SIGNATURE: Donna Sweet, Secretary Donna Sweet February 13, 1995 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone Number
859-1645

0057305

ATTACHMENT 13.

Director
Hildebrand, Jean
928 Fountainview South
Lakeland, FL 33809