FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified: **01/13/1989**
3a. Date of Last Report: **02/28/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWAND, KEN 708 FOUNTAINVIEW LAKE DR LAKELAND FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, ARLOW 610 FOUNTAINVIEW NORTH LAKELAND FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition VP SEYMORE, MAX 721 FOUNTAINVIEW NORTH LAKELAND, FL 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEET, DONNA 915 FOUNTAINVIEW SOUTH LAKELAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OGLE, CHARLOTTE 605 FOUNTAINVIEW NORTH LAKELAND FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D EATON, FRANK 815 FOUNTAINVIEW SOUTH LAKELAND, FL 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, M CLAIR 616 FOUNTAINVIEW SOUTH LAKELAND FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D BLAKLEY, JACKIE 604 FOUNTAINVIEW SOUTH LAKELAND, FL 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, VERN 917 FOUNTAINVIEW LAKE DR LAKELAND FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition D HILDEBRAND, JEAN 928 FOUNTAINVIEW SOUTH LAKELAND, FL 33809

CR2E037 (12/95)

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)(k), 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 address.

SIGNATURE: DONNA M. SWEET Donna M. Sweet 3-8-96 941-859-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #