**FILE NOW: FILING FEE IS $61.25**

# FILED
# Feb 06 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>4740 CLEVELAND HEIGHTS BLVD<br>LAKELAND FL 33807-3559 | C/O CLARK. ATTY & CLARK & COMPARETTO PA<br>4740 CLEVELAND HEIGHTS BLVD<br>LAKELAND FL 33807-3559 |

3. Date Incorporated or Qualified: 01/13/1989

4. FEI Number: 65-0095737 ☐ Applied For ☐ Not Applicable

| 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 24 / Country 25 | Zip 29 / Country 30 |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ 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 | P | ☒ DELETE | 1.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | BROWAND, KEN | | 1.2 NAME | Harper, Kay | |
| STREET ADDRESS | 708 FOUNTAINVIEW LAKE DR | | 1.3 STREET ADDRESS | 1110 Fountainview Lake Dr. | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | SEYMORE, MAX | | 2.2 NAME | Don Stough | |
| STREET ADDRESS | 721 FOUNTAINVIEW N | | 2.3 STREET ADDRESS | 820 Fountainview South | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SWEET, DONNA | | 3.2 NAME | | |
| STREET ADDRESS | 915 FOUNTAINVIEW SOUTH | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | OGLE, CHARLOTTE | | 4.2 NAME | Gibbs, Charles | |
| STREET ADDRESS | 605 FOUNTAINVIEW NORTH | | 4.3 STREET ADDRESS | 715 Fountainview Lake Dr | |
| CITY-ST-ZIP | LAKELAND FL | | 4.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BLAKLEY, JACKIE | | 5.2 NAME | Al Jibb | |
| STREET ADDRESS | 604 FOUNTAINVIEW S | | 5.3 STREET ADDRESS | 1006 Fountainview North | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | HILDEBRAND, JEAN | | 6.2 NAME | Seymore, Max | |
| STREET ADDRESS | 928 FOUNTAINVIEW S | | 6.3 STREET ADDRESS | 721 Fountainview North | |
| CITY-ST-ZIP | LAKELAND FL | | 6.4 CITY-ST-ZIP | Lakeland, FL 33809 | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 address.

**SIGNATURE:** Donna M. Sweet SIGNATURE REQUIRED 1-27-98 941-859-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #