2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90032 011 ****61.25

DOCUMENT # N30189

1. Entity Name

FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC

811640

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C O CLARK ATTY & CAMPBELL 4740 CLEVELAND HEIGHTS BLVD LAKELAND FL 33807-3559	C O CLARK ATTY & CAMPBELL 4740 CLEVELAND HEIGHTS BLVD LAKELAND FL 33813-2187

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Lee Jay Colling
Street Address (P.O. Box Number is Not Acceptable): 500 N. Maitland Avenue, Suite 203
City: Maitland FL Zip Code: 32751

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.

SIGNATURE: Lee Jay Colling — DATE: 1-31-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARPER, KAY 1110 FOUNTAINVIEW LK DR LAKELAND FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Don Stough 820 Fountainview South ~~Lakeland, Fl. 33809~~	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DON STOUGH 820 FOUNTAINVIEW S LAKELAND FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Al Jibb 1006 Fountainview N. ~~Lakeland Florida 33809~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEET, DONNA 915 FOUNTAINVIEW SOUTH LAKELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kay Harper 1101 Fountainview Lake Dr. ~~Lakeland, FL 33809~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OGLE, CHARLOTTE 605 FOUNTAINVIEW NORTH LAKELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Josie Coluccio 1030 Fountainview Lake Dr. ~~Lakeland FL 33809~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AL JIBB 1006 FOUNTAINVIEW N LAKELAND FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chuck Gibbs 715 Fountainview Lake Dr. Lakeland, FL 33809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEYMORE, MAX 721 FOUNTAINVIEW N LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dick Rodriguez 903 Fountainview S. Lakeland, FL 33809	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 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.

863-853-9303

SIGNATURE: Kathleen C. Harper — SIGNATURE REQUIRED — Kathleen C. Harper, Sec. 2-2-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #