

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90065 032 ****61.25

DOCUMENT # N30189

1. Entity Name

FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O DON STOUGH, VP
802 FOUNTAINVIEW SOUTH
LAKELAND FL 33809

C/O DON STOUGH, VP
802 FOUNTAINVIEW SOUTH
LAKELAND FL 33809

2. Principal Place of Business

C/O DICK WRODA, PD

3. Mailing Address

C/O DICK WRODA, PD

Suite, Apt. #, etc.

600 FOUNTAINVIEW S. STE 1

Suite, Apt. #, etc.

600 FOUNTAINVIEW S. STE 1

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33809-3423

Country

USA

Zip

33809-3423

Country

USA

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

7. Name and Address of New Registered Agent

COLLING, LEE J

628 MAITLAND AVENUE

ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME JIBB, AL
STREET ADDRESS 1006 FOUNTAINVIEW NORTH
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

TITLE PD
NAME WRODA, DICK
STREET ADDRESS 600 FOUNTAINVIEW S. STE 1
CITY-ST-ZIP LAKELAND, FL 33809-3423 ☒ Change ☐ Addition

TITLE VPD
NAME STOUGH, DON
STREET ADDRESS 802 FOUNTAINVIEW SOUTH
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

TITLE VPD
NAME GIBBS, CHUCK
STREET ADDRESS 600 FOUNTAINVIEW S. STE 1
CITY-ST-ZIP LAKELAND, FL 33809-3423 ☒ Change ☐ Addition

TITLE SD
NAME HARPER, KAY
STREET ADDRESS 1110 FOUNTAINVIEW LAKE DRIVE
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

TITLE SD
NAME LEPPERT, JEANNE
STREET ADDRESS 600 FOUNTAINVIEW S. STE 1
CITY-ST-ZIP LAKELAND, FL 33809-3423 ☒ Change ☐ Addition

TITLE TD
NAME COLUCCIO, JOSIE
STREET ADDRESS 1030 FOUNTAINVIEW LAKE DRIVE
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DMAL
NAME SEYMORE, MAX
STREET ADDRESS 721 FOUNTAINVIEW NORTH
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DMAL
NAME GIBBS, CHUCK
STREET ADDRESS 705 FAUNTAINVIEW LAKE DR
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

TITLE DMAL
NAME NYLUND, BOB
STREET ADDRESS 600 FOUNTAINVIEW S. STE 1
CITY-ST-ZIP LAKELAND, FL 33809-3423 ☒ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)