

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90860 018 \*\*\*\*61.25

|                                                                                                   |                                                                                   |
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| <b>DOCUMENT #N30189</b><br>1. Entity Name<br>FOUNTAINVIEW ESTATES HOMEOWNERS<br>ASSOCIATION, INC. |  |
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| Principal Place of Business<br>600 FOUNTAINVIEW SOUTH, SUITE 1<br>LAKELAND, FL 33809-3423 | Mailing Address<br>600 FOUNTAINVIEW SOUTH, SUITE 1<br>LAKELAND, FL 33809-3423 |
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| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
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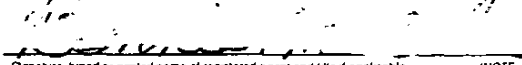
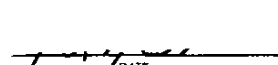
04272007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br>65-0095737 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>COLLING, LEE J<br>628 MAITLAND AVENUE<br>ALTAMONTE SPRINGS, FL 32701 | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |
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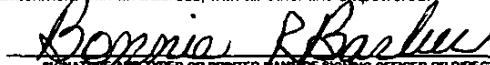
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                             |                                                                                     |                                |                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SNIDER, BEVERLY<br>706 FOUNTAINVIEW NORTH<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>SNIDER, BEVERLY<br>706 FOUNTAINVIEW NORTH<br>LAKELAND, FL 33809         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BARBER, BONNIE<br>808 FOUNTAINVIEW LAKE DRIVE<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CAMPBELL, FREDRICK<br>820 FOUNTAINVIEW LAKE DRIVE<br>LAKELAND, FL 33809 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WINNER, JO<br>714 FOUNTAINVIEW NORTH<br>LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CHAISSON, SUZANNE<br>923 FOUNTAINVIEW SOUTH<br>LAKELAND, FL 33809  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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| SIGNATURE:  | Date: 04/27/07 | Daytime Phone #: 863-853-3237 |
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