2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30189

FILED Mar 18, 2009 Secretary of State

Entity Name: FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 600 FOUNTAINVIEW SOUTH, SUITE 1 LAKELAND, FL 338093423 **Current Mailing Address: New Mailing Address:** 600 FOUNTAINVIEW SOUTH, SUITE 1 LAKELAND, FL 338093423 FEI Number: 65-0095737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLING, LEE J 628 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SNIDER, BEVERLY Name: Name: 706 FOUNTAINVIEW NORTH Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: (X) Change () Addition DICJAR, E, KATHERINE Name: TAFT, WALTER Name: Address: 716 FOUNTAINVIEW S Address: 929 FOUNTAINVIEW N City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: (X) Change () Addition LAMPUS, RICHARD CHAISSON, SUZANNE Name: Name: 1107 FOUNTAINVIEW S 923 FOUNTAINVIEW S Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809 Title: VΡ () Delete Title: (X) Change () Addition CHAISSON, SUZANNE DUCHARME, KATHERINE Name: Name: 923 FOUNTAINVIEW S 716 FOUNTAINVIEW S Address: Address: LAKELAND, FL 33809 City-St-Zip: City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: (X) Change () Addition TAFT, WALTER LAMPUS, RICHARD Name: Name: 929 FOUNTAINVIEW N 1107 FOUNTAINVIEW S Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: () Change () Addition LANGERMAN, HARRY Name: Name: Address: 821 FOUNTAINVIEW LAKE DR Address: LAKELAND, FL 33809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE CHAISSON T 03/18/2009