


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90285 048 ****61.25

DOCUMENT # N36432 1. Entity Name FOUNTAINS PROFESSIONAL CENTER CONDOMINIUM ASSOC., INC.			
Principal Place of Business 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 11784 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Address 11784 W. Sample Rd. Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33065		City & State Coral Springs, FL Zip 33065	
Country US		Country US	
4. FEI Number 65-0242890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT. 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name United Community Mgmt Corp Street Address (P.O. Box Number is Not Acceptable) 11784 West Sample Road City Coral Springs	
State FL		Zip Code 33065	
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. SIGNATURE <u>Denise Kottawa United Comm Mgmt VP Finance 2/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOHAMED, BEHAIRY 817 S. UNIVERSITY DR. 104 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Scherer, Beth 817 S. University Dr. #100 Plantation FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDEE, KERRY 817 S UNIVERSITY DR., #103 FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLISS, JEFF 817 S UNIVERSITY DR., #102 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-10-05	
Daytime Phone # 954-236-4800			