

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

04-07-2006 90023 042 ****61.25

66021687



DOCUMENT # N36432 1. Entity Name FOUNTAINS PROFESSIONAL CENTER CONDOMINIUM ASSOC., INC.					
Principal Place of Business 11784 W. SAMPLR ROAD CORAL SPRINGS, FL 33065			Mailing Address 11784 W. SAMPLR ROAD CORAL SPRINGS, FL 33065		
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 65-0242890			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		
UNITED COMMUNITY MGMT. 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	TD SCHERER, BETH 817 S. UNIVERSITY DRIVE, # 100 PLANTATION, FL 33324 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Koppel, Wayne 817 S. University Dr. # 100 Plantation, FL 33324 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDEE, KERRY 817 S UNIVERSITY DR., #103 FORT LAUDERDALE, FL 33324 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Burgs, Robert 817 S. University Dr. # 122 Plantation FL 33322 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLISS, JEFF 817 S UNIVERSITY DR., #102 PLANTATION, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

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4/7/2006-90023-042-\$61.25-\$61.25

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		03162008 Chg-NP		CR2E037 (11/05)	
4. FEI Number 65-0242890				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		
UNITED COMMUNITY MGMT. 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when replacing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	TD SCHERER, BETH 817 S. UNIVERSITY DRIVE, # 100 PLANTATION, FL 33324 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALDEE, KERRY 817 S UNIVERSITY DR., #103 FORT LAUDERDALE, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Waldee, Kerry 817 S. University Dr #103 Plantation FL 33324. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLISS, JEFF 817 S UNIVERSITY DR., #102 PLANTATION, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Koppel 817 S. University Dr #100 Plantation FL 33324. ☐ Change ☒ Addition	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/3/06 Date		

ATTACHMENT

66021687

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#N36432

RUN DATE: 6/27/06

RUN TIME: 5:04 PM

Fountains Professional Center Condo Assoc
BOARD/COMMITTEE MEMBERS REPORT AS OF 06/27/06

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION

CLASS: BOARD OF DIRECTORS				
Jeffrey Bliss	President		954-236-5454	
817 S. University Drive			954-236-4800	
Suite 102				
Plantation FL				
Wayne Koppel				
817 S. University Drive #100				
Plantation FL 33324				
Robert Burgs	Secretary			
817 S. University Dr.				
Plantation FL 33322				

-- End of report --