

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36432

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** FOUNTAINS PROFESSIONAL CENTER CONDOMINIUM ASSOC., INC.

**Current Principal Place of Business:**

11784 W. SAMPLR ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

1509 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324

**Current Mailing Address:**

11784 W. SAMPLR ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

1509 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324

**FEI Number:** 65-0242890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MGMT.  
11784 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

ATR MANAGEMENT CORPORATION  
1509 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324 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: LINDA WILKINS, CAM

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLISS, JEFF  
Address: 817 S UNIVERSITY DR., #102  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: KOPPEL, WAYNE  
Address: 817 S. UNIVERSITY DR. #100  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: SD ( ) Delete  
Name: BURGS, ROBERT  
Address: 817 S. UNIVERSITY DR. #122  
City-St-Zip: FORT LAUDERDALE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LINDA WILKINS

CAM

04/27/2007

Electronic Signature of Signing Officer or Director

Date