2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# N36432

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

Current Principal Place of Business:

817 SOUTH UNIVERSITY DRIVE
SUITE 108
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

817 SOUTH UNIVERSITY DRIVE
SUITE 108
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0242890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEZAR, B J
FOUNTAINS PROFESSIONAL CENTER CONDO ASSOC.
817 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: HEINSEN, GRETCHEN DR
Address: 817 S UNIVERSITY DR., #108
City-St-Zip: PLANTATION, FL 33324

Title: VP
Name: BLISS, JEFF MR
Address: 817 S. UNIVERSITY DR. #105
City-St-Zip: PLANTATION, FL 33324

Title: TR
Name: SHECTMAN, ROBERT DR
Address: 817 S. UNIVERSITY DR. #107
City-St-Zip: PLANTATION, FL 33324

Title: SC
Name: BATES, DOUGLAS MR
Address: 817 S. UNIVERSITY DRIVE #100
City-St-Zip: PLANTATION, FL 33324

Title: BD
Name: OCAMPO, RAUL MR
Address: 417 SW CALIFORNIA AVENUE
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: GRETCHEN HEINSEN PD 01/14/2010

Electronic Signature of Signing Officer or Director — Date