

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36432

FILED  
Jan 04, 2011  
Secretary of State

**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

P

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date