FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:26

DOCUMENT # **N39792** **(9)**

1. Corporation Name
THE FOUNTAINS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 373092 SATELLITE BEACH FL 32937-0914	P.O. BOX 373092 SATELLITE BEACH FL 32937-0914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHECHTER, DAVID R
635 SEVILLE COURT
SATELLITE BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: ALFRED F. TORTORELLI
82 Street Address (P.O. Box Number is Not Acceptable)
83: 675 SEVILLE COURT
84 City: SATELLITE BEACH FL 85 Zip Code: 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ALFRED F. TORTORELLI *Alfred F. Tortorelli* 3/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHECHTER, DAVID R	1.2 NAME	ALFRED F. TORTORELLI	
STREET ADDRESS	635 SEVILLE CT.	1.3 STREET ADDRESS	675 SEVILLE COURT	
CITY-ST-ZIP	SATELLITE BCH FL	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TORTORELLI, AL	2.2 NAME	JOANN STOUDEMIRE	
STREET ADDRESS	375 SEVILLE COURT	2.3 STREET ADDRESS	615 BARCELONA COURT	
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	HODGSON, CAROLYN	3.2 NAME	CAROLYN HODGSON	
STREET ADDRESS	235 VENICE COURT	3.3 STREET ADDRESS	235 VENICE COURT	
CITY-ST-ZIP	SATELLITE BCH FL	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BARBEE, KATHRYN	4.2 NAME	KIM VILARDEBO	
STREET ADDRESS	635 BARCELONA COURT	4.3 STREET ADDRESS	607 BARCELONA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SNIEGOWSKI, JOHN	5.2 NAME	JOHN SNIEGOWSKI	
STREET ADDRESS	225 VENICE COURT	5.3 STREET ADDRESS	225 VENICE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	VAZQUEZ, ELIZABETH	6.2 NAME	AUDREY SINCLAIR	
STREET ADDRESS	665 SEVILLE COURT	6.3 STREET ADDRESS	680 FOUNTAIN BLVD.	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALFRED F. TORTORELLI *Alfred F. Tortorelli* 3/24/95 (407)777-0579
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #