


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 009 ****61.25

DOCUMENT # N39792 1. Entity Name THE FOUNTAINS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 373082 SATELLITE BEACH, FL 32937-0914			Mailing Address P.O. BOX 373082 SATELLITE BEACH, FL 32937-0914		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCLENDON, ROGER D 695 FOUNTAIN BLVD SATELLITE BEACH, FL 32937-3911				7. Name and Address of New Registered Agent Name <u>RON L. VAN MEER</u> Street Address (P.O. Box Number is Not Acceptable) <u>660 FOUNTAIN BLVD.</u> <u>SATELLITE BEACH</u> City <u>FL</u> Zip Code <u>32937</u>	
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 <u>Ron L Van Meier</u> DATE <u>2/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BRACEWELL, ROB 695 BARCELONA CT. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHENK, CINDY 220 VENICE CT SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIEDER, GREG 225 VENICE CT. SATELLITE BCH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLENDON, ROGER D 695 FOUNTAIN BLVD SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVE, KELLNER 220 MADRID CT. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, AUDREY 680 FOUNTAIN BLVD. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID SCHECHTER 635 SEVILLE CT. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TREASURER RON L. VAN MEER 660 FOUNTAIN BLVD. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SECRETARY JOHAN SNIEGOWSKI 225 VENICE CT. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR LINDA ONDLIEZEK 690 FOUNTAIN BLVD SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR RICHARD SHENK 220 VENICE COURT SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Ron L Van Meier</u> DATE <u>2/9/2007</u> DAYTIME PHONE # <u>321-777-1864</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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