


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90065 024 \*\*\*\*61.25

<b>DOCUMENT # N39792</b> 1. Entity Name <b>THE FOUNTAINS HOMEOWNERS ASSOCIATION, INC.</b>					
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 <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN METER, RON L 660 FOUNTAIN BLVD SATELLITE BEACH, FL 32937			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR BRIAN GROH 695 SEVILLE CT. SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHECHTER, DAVID 635 SEVILLE CT SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROB RUDOLPH 230 MADRID CT. SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VAN METER, RON L 660 FOUNTAIN BLVD SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SNIEGOWSKI, JOHN 225 VENICE CT SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ONDRIEZER, LINDA 690 FOUNTAIN BLVD SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHENK, RICHARD 220 VENICE COURT SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.					
<b>SIGNATURE: Ron L. Van Meter</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/18/08 321-777-1864 <small>Date Daytime Phone #</small>		