

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39792

FILED
Feb 10, 2009
Secretary of State

Entity Name: THE FOUNTAINS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 373082
SATELLITE BEACH, FL 329370914

New Principal Place of Business:

660 FOUNTAIN BLVD.
SATELLITE BEACH, FL 329370914

Current Mailing Address:

P.O. BOX 373082
SATELLITE BEACH, FL 329370914

New Mailing Address:

P.O. BOX 373082
SATELLITE BEACH, FL 32937 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VAN METER, RON L
660 FOUNTAIN BLVD
SATELLITE BEACH, FL 32937 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: P () Delete
Name: BRACEWELL, ROB
Address: 695 BARCELONA CT.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD () Delete
Name: SCHECHTER, DAVID
Address: 635 SEVILLE CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: VAN METER, RON L
Address: 660 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: SNIEGOWSKI, JOHN
Address: 225 VENICE CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: ONDRIEZER, LINDA
Address: 690 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SHENK, RICHARD
Address: 220 VENICE COURT
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCKEOWN, SUSAN
Address: 604 BARCELONA CT.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RON L. VAN METER

TD

02/10/2009

Electronic Signature of Signing Officer or Director

Date