

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90024 015 \*\*\*\*61.25

<b>DOCUMENT # N44755</b> 1. Entity Name FOUNTAINSPRING III HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US			Mailing Address J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # <b>410 CENTURY MGMT SVC</b> Suite, Apt. #, etc. <b>1495 N PARK DR</b>		3. Mailing Address <b>1495 N PARK DR</b> Suite, Apt. #, etc.			
City & State <b>WESTON FL</b>		City & State <b>WESTON FL</b>		4. FEI Number <b>65-0285338</b>	
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CALDERAZZO, JAMES J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD. CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name <b>MARK POFFENBARGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>410 CENTURY MGMT SVC</b> <b>1495 N PARK DRIVE</b> City <b>WESTON</b> FL Zip Code <b>33326</b>	
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>MARK POFFENBARGER</u> <u>2/8/08</u> <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</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKWITH, DENNIS 10421 NW 12TH PL PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, MICHAEL 1380 NW 105TH AVE FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCHAN, VINCENT 10371 NW 12 CT FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHALEK, JEFFREY 10450 NW 12TH PL FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROUSE, BLANCHE 10351 NW 12TH CT FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <u>Michael Bourn</u> <u>President</u> <u>2-11-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					