


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90019 017 \*\*\*\*61.25

**DOCUMENT # N46930**

1. Entity Name  
**FOUNTAINSPRING V HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 10191 W SAMPLE RD  
 203  
 CORAL SPRGS, FL 33065 US

Mailing Address  
 10191 W SAMPLE RD  
 203  
 CORAL SPRGS, FL 33065 US

*20th Century MGMT SVCS*

**40041007**



2. Principal Place of Business  
 12505 ORANGE DR  
 Suite, Apt. #, etc.  
 906

3. Mailing Address  
 12505 ORANGE DRIVE  
 Suite, Apt. #, etc.  
 906

03162006 Chg-NP CR2E037 (11/05)

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

Zip  
**33330**

Country  
**USA**

Zip  
**33330**

Country

4. FEI Number  
**65-0313286**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALDERAZZO, JAMES**  
 10191 W SAMPLE RD  
 203  
 CORAL SPRGS, FL 33065

**MARK POFFENBARGER**

7. Name and Address of New Registered Agent

Name  
**MARK POFFENBARGER**

Street Address (P.O. Box Number is Not Acceptable)  
**12505 ORANGE DRIVE**

**STE 906**

City  
**DAVIE**

FL Zip Code  
**33330**

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 *[Signature]* **AS AGENT**  
**MARK POFFENBARGER**

DATE **03/22/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, KAREN	
STREET ADDRESS	1208 NW 107 TERR.	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPIRO, JEFFERY	
STREET ADDRESS	1235 NW 108 AVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAPPEL, PERRI	
STREET ADDRESS	1226 NW 108 AVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVIERE, ROLAND	
STREET ADDRESS	1227 NW 108 AVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK CHANDLER	
STREET ADDRESS	10751 NW 12 CT	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Perri L. Hueston* President  
 Date: **3/22/2006**  
 Daytime Phone #: **(954) 473-6335**