2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46930

FILED Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90085 036 ****61.25

1. Entity Name FOUNTAINSPRING V HOMEOWNERS ASSOCIATION, INC.					
12505 ORANGE DR 1 906 9	failing Address 12505 ORANGE DR 906		4007	2765	
	FORT LAUDERDALE, FL	33330 US			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12233 SW 55th Styrct 12233 SW 55		stn streed			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Stote		<u>- · · · · · · · · · · · · · · · · · · ·</u>	02222007 Chg-NP CR2E037 (12/06)		
Cooper Cety, The	City & State City	, FL	4. FEI Number 65-031328	c 	plied For at Applicable
Zip 3335 Country USA 3	2ip 23 8 0	USA	5. Certificate of Sta	Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
POFFEN BARGER, MARK		FYYOYK	10then barge		
1 1		<u> 275 ~ 65 </u>	ress (P.O. Box Number is Not Acceptable) SVC8 Inc.		
FORT LAUDERDALE, FL 33330		12233	SW 55th	7: 0	311
		City COOX	er City	FL 2929	332_
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its re	egistered office or regist	tered agent, or both, in	the State of Florida. I am familiar with,	and accept
SIGNATURE					
	- il feeble (SIOTE	Consistence Association of the constitution of	innel usbana a disease time t	DATE	
Signature, typed or printed name of registered agent and title	e ii appiicabile (NOTE:	Registered Agent signatura requi	ked when reinstading)		
Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Maké check payable t Florida Department of S	
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12. I hereby certify that the information supplied with this filling 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 fam 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: