

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90085 036 \*\*\*\*61.25

**DOCUMENT # N46930**  
 1. Entity Name  
**FOUNTAINSPRING V HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 12505 ORANGE DR  
 906  
 FORT LAUDERDALE, FL 33330 US

Mailing Address  
 12505 ORANGE DR  
 906  
 FORT LAUDERDALE, FL 33330 US

40072763



2. Principal Place of Business - No P.O. Box #  
 12233 SW 55th Street  
 Suite, Apt. #, etc.  
 Suite 811  
 City & State  
 Cooper City, FL  
 Zip  
 33322  
 Country  
 USA

3. Mailing Address  
 12233 SW 55th Street  
 Suite, Apt. #, etc.  
 Suite 811  
 City & State  
 Cooper City, FL  
 Zip  
 33320  
 Country  
 USA

02222007 Chg-NP CR2E037 (12/06)

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  
 POFFEN BARGER, MARK  
 12505 ORANGE DR  
 906  
 FORT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent  
 Name  
 Mark Poffenbarger  
 Street Address (P.O. Box Number is Not Acceptable)  
 c/o Century Management Svcs Inc.  
 12233 SW 55th Street, Suite 811  
 City  
 Cooper City FL Zip Code  
 33320

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME CHANDLER, FRANK STREET ADDRESS 10757 NW 12 CT CITY-ST-ZIP FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SPIRO, JEFFERY STREET ADDRESS 1235 NW 108 AVE CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RAPPEL, PERRI STREET ADDRESS 1226 NW 108 AVE CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RIVIERE, ROLAND STREET ADDRESS 1227 NW 108 AVE CITY-ST-ZIP 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	<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	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.

SIGNATURE: Peri J. Sweetbaker Date: 04/11/2007 (954) 374-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #