


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90008 011 ****61.25

DOCUMENT # N46930					
1. Entity Name FOUNTAINSPRING V HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1223 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 US		Mailing Address 1223 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 US		4000300	
2. Principal Place of Business - No P.O. Box # 1495 N PARK DR Suite, Apt. #, etc.		3. Mailing Address 1495 N PARK DR Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)	
City & State WESTON FL		City & State WESTON FL		4. FEI Number 65-0313286 Applied For Not Applicable	
Zip 33326 Country USA		Zip 33326 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POFFEN BARGER, MARK 12233 SW 55TH ST SUITE 6811 COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name: MARK POFFENBARGER Street Address (P.O. Box Number is Not Acceptable) 1495 N PARK DR City: WESTON FL Zip Code: 33326		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER, FRANK		NAME		
STREET ADDRESS	10757 NW 12 CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIRO, JEFFERY		NAME		
STREET ADDRESS	1235 NW 108 AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAPPEL, PERRI		NAME		
STREET ADDRESS	1226 NW 108 AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVIERE, ROLAND		NAME		
STREET ADDRESS	1227 NW 108 AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Perri RappeL</i>			Date: 02/15/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		