## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48185

FILED Apr 29, 2004 Secretary of State

Entity Name: FOUNTAINVIEW NEIGHBORHOOD WATCH, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 8800 SHELDON ROAD TAMPA, FL 33635 **Current Mailing Address: New Mailing Address:** 8800 SHELDON ROAD TAMPA, FL 33635 FEI Number: 59-3115589 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBER, DAVID M 9118 BLAIRMOOR RD. TAMPA, FL 33635 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition AUSTIN, CAROL KAYLOR, GEORGE Name: Name: 9004 NAUTILUS CIR. Address: 8811 WELLINGTON DR Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635 Title: ( ) Delete Title: () Change () Addition DAILY, ROBERT Name: Name: Address: 8820 NAUTILUS DR. Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ORDWAY, BETTY Name: WEBER, NEAL Name: 9124 GROSSE POINTE BLVD. Address: Address: 9139 BERKSHIRE LANE City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635 Title: SD ( ) Delete Title: () Change () Addition Name: LENORE, ROSE Name: Address: 8828 EDGWOOD BLVD. Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: () Delete Title: () Change () Addition KELLER, ROBERT Name: Name: 9120 BLAIRMOOR RD. Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BAST, JT DAILY, SHIRLEY Name: Name: Address: 9020 NAUTILUS DR. Address: 8820 NAUTILUS DR. TAMPA, FL 33635 TAMPA, FL 33635 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE KAYLOR PD 04/29/2004