# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 07, 2009**
**Secretary of State**

DOCUMENT# N92000000217

**Entity Name:** LA FONTAINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8668 NAVARRE PARKWAY
# 350
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8668 NAVARRE PARKWAY
# 350
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number: 59-3231641** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOUNTAIN, BETTY J
1901 RUE LA FONTAINE
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: FOSKEY, RONALD
Address: 1986 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

Title: VD ( ) Delete
Name: FOUNTAIN, GREGORY
Address: 1901 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FOUNTAIN, GREGORY
Address: 1901 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

Title: VD (X) Change ( ) Addition
Name: LOSQUADRO, WILLIAM
Address: 1961 FONTAINEBLEAU COURT
City-St-Zip: NAVARRE, FL 32566

Title: STD ( ) Change (X) Addition
Name: FOSKEY, RONALD
Address: 1986 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREG FOUNTAIN PD 07/07/2009

Electronic Signature of Signing Officer or Director — Date