

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000217

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
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  
Name: FOUNTAIN, GREGORY  
Address: 1901 RUE LA FONTAINE  
City-St-Zip: NAVARRE, FL 32566

Title: VD  
Name: MCALPIN, SUSAN  
Address: 1991 FONTAINEBLEAU COURT  
City-St-Zip: NAVARRE, FL 32566

Title: STD  
Name: FOSKEY, RONALD  
Address: 1986 RUE LA FONTAINE  
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: GREGORY V FOUNTAIN

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date