

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001097

1. Entity Name
FOUNTAIN LAKE HOMEOWNERS' ASSOCIATION OF VOLUSIA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90196 039 ****61.25

Principal Place of Business 1204 SUNLAND RD DAYTONA BEACH FL 32114	Mailing Address 1204 SUNLAND RD DAYTONA BEACH FL 32114-5909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3298353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOSTER, WALTER E III
315 S PALMETTO AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME REED, ROBERT S	
STREET ADDRESS 1204 SUNLAND RD	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME JOHNSTON, ANDY M SR	
STREET ADDRESS 911 WOODMERE CIR	
CITY-ST-ZIP ORMOND BEACH FL 32117	
TITLE D	<input type="checkbox"/> Delete
NAME REED, MARILYN	
STREET ADDRESS 1204 SUNLAND RD	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Johnston, Isaac W.</i>	
STREET ADDRESS <i>10 Twelve Oaks Trail</i>	
CITY-ST-ZIP <i>Ormond Beach, FL 32174</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Robert S. Reed **Robert S. Reed, April 28, 2000; 904-255-9624**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)