

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 Mailing Address
1204 SUNLAND RD **1204 SUNLAND RD**
DAYTONA BEACH FL 32114 **DAYTONA BEACH FL 32114-5909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3298353	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FOSTER, WALTER E III 315 S PALMETTO AVE DAYTONA BEACH FL 32114			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 _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ROBERT S		NAME		
STREET ADDRESS	1204 SUNLAND RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ANDY M SR		NAME	<i>Johnston, Isacc W.</i>	
STREET ADDRESS	911 WOODMERE CIR		STREET ADDRESS	<i>10 Twelve Oaks Trail</i>	
CITY-ST-ZIP	ORMOND BEACH FL 32117		CITY-ST-ZIP	<i>Ormond Beach, FL 32174</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARILYN		NAME		
STREET ADDRESS	1204 SUNLAND RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		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		
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 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)