
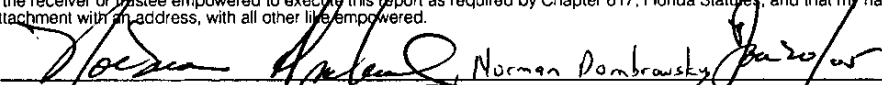


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 028 ****61.25

DOCUMENT # N94000005444 1. Entity Name OAKMONT AT THE FOUNTAINS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4615 FOUNTAINS DRIVE LAKE WORTH, FL 33467 US			Mailing Address 4615 FOUNTAINS DRIVE LAKE WORTH, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc. Suite B			3. Mailing Address Suite, Apt. #, etc. Suite B		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 65-0566834	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PAULETTE, DEBBIE 4615 FOUNTAINS DRIVE LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Paulette, Debbie Street Address (P.O. Box Number is Not Acceptable) Suite B 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMBROWSKY, NORMAN 5755 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, GEORGE 5754 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEHR, HOWARD 5761 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KALKER, ALAN 5760 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRILLON, SHARON 5755 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 live empowered.					
SIGNATURE:  Norman Dombrowsky 561-964-3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50009074



01102005 Chg-NP CR2E037 (10/03)