

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90153 003 \*\*\*\*61.25

**DOCUMENT # N95000003341**

1. Entity Name  
**THE FOUNTAINHEAD HOMEOWNERS' ASSOCIATION OF  
SEMINOLE COUNTY, INC.**



Principal Place of Business  
**1701 FOUNTAINHEAD DR  
LAKE MARY, FL 32746 US**

Mailing Address  
**1701 FOUNTAINHEAD DR  
LAKE MARY, FL 32746 US**

**50009124**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3339751**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, BOB  
1701 FOUNTAINHEAD DR  
LAKE HELEN, FL 32744**

Name **CASE, HENRY**

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

**1709 FOUNTAINHEAD DR.**

City **LAKE MARY**

**FL**

Zip Code **32746**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **PARKER, BOB**  
STREET ADDRESS **1701 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **V** ☒ Delete  
NAME **CASE, HENRY**  
STREET ADDRESS **1709 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **ST** ☐ Delete  
NAME **BORDUI, DAVID**  
STREET ADDRESS **1733 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **SD** ☒ Delete  
NAME **HERBBULIS, BOBBY V**  
STREET ADDRESS **1716 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete  
NAME **TURGUT, DERVISH**  
STREET ADDRESS **1732 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **CASE, HENRY**  
STREET ADDRESS **1709 FOUNTAINHEAD DR.**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **V** ☒ Change ☐ Addition  
NAME **SANDER, JASON**  
STREET ADDRESS **1741 FOUNTAINHEAD DR.**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition  
NAME **PARKER, BOB**  
STREET ADDRESS **1701 FOUNTAINHEAD DR.**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.