

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004167 (1)

1. Corporation Name

FOUNTAIN COMMUNITY PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17482 PARK PLACE ROAD
FOUNTAIN FL 32468

POST OFFICE BOX 194
YOUNGSTOWN FL 32466

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, TAREY B
20919 HURST ROAD
FOUNTAIN FL 32438

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Tarey B Martin

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
REIMANN, LARRY
10234 BROWN ROAD
FOUNTAIN FL 32438

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
ALFORD, MICHAEL
20919 HURST ROAD
FOUNTAIN FL 32438

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
MARTIN, TAREY
20919 HURST ROAD
FOUNTAIN FL 32438

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DAGMAN, BEA
POST OFFICE BOX 153 N/A
FOUNTAIN FL 32438

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SMILEY, JIM
ROUTE 1, BOX 12535
FOUNTAIN FL 32438

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCCUSKER, MILDRED
18116 MAGNOLIA ST
FOUNTAIN FL 32438

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tarey B Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/96

Daytime Phone #

904-764-0311

0029730

CR2E037 (12/95)