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Mar 10 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000004167 (1)**

1. Corporation Name

FOUNTAIN COMMUNITY PARK ASSOCIATION, INC.



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| Principal Place of Business 17482 PARK PLACE ROAD FOUNTAIN FL 32468 | Mailing Address POST OFFICE BOX 194 YOUNGSTOWN FL 32466-0194 |
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|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 08/30/1995 | | 3a. Date of Last Report 09/30/1996 | |
| | | | | 4. FEI Number 59-3387227 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**MARTIN, TAREY B
20919 HURST ROAD
FOUNTAIN FL 32438**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------------|
| 81 Name | Donna Johnson |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 12017 Fountain Park Avenue |
| 83 P.O. Box | 257 |
| 84 City | Fountain |
| 85 Zip Code | FL 32438-0857 |

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 *Donna Johnson* DATE **2/6/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---------------------------------|
| TITLE | P | 1.1 TITLE | P |
| NAME | REIMANN, LARRY | 1.2 NAME | Donna Johnson |
| STREET ADDRESS | 10234 BROWN ROAD | 1.3 STREET ADDRESS | 12017 Fountain Park Ave. |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 1.4 CITY-ST-ZIP | Fountain FL 32438 |
| TITLE | V | 2.1 TITLE | V |
| NAME | ALFORD, MICHAEL | 2.2 NAME | Anna Hood |
| STREET ADDRESS | 20919 HURST ROAD | 2.3 STREET ADDRESS | 17722 Fall Lane |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 2.4 CITY-ST-ZIP | Fountain FL 32438 |
| TITLE | S | 3.1 TITLE | S |
| NAME | MARTIN, TAREY | 3.2 NAME | Janene Fair |
| STREET ADDRESS | 20919 HURST ROAD | 3.3 STREET ADDRESS | 23533 BlueFox Rd |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 3.4 CITY-ST-ZIP | Fountain FL 32438 |
| TITLE | D | 4.1 TITLE | T |
| NAME | DAGMAN, BEA | 4.2 NAME | Kim Bennett |
| STREET ADDRESS | POST OFFICE BOX 153 N/A | 4.3 STREET ADDRESS | 11603 Scott Rd. |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 4.4 CITY-ST-ZIP | Fountain, FL 32438 |
| TITLE | D | 5.1 TITLE | D |
| NAME | SMILEY, JIM | 5.2 NAME | John Hamstra |
| STREET ADDRESS | ROUTE 1, BOX 12535 | 5.3 STREET ADDRESS | 12333 Royce Rd. |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 5.4 CITY-ST-ZIP | Fountain, FL 32438 |
| TITLE | D | 6.1 TITLE | D |
| NAME | MCCUSKER, MILDRED | 6.2 NAME | Chris Tesenier |
| STREET ADDRESS | 18116 MAGNOLIA ST | 6.3 STREET ADDRESS | 20512 Dickerson Rd. |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | 6.4 CITY-ST-ZIP | Fountain FL 32438 |

14. I do 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 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: *Donna Johnson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 (904) 722-6432
Date Daytime Phone

CR2E037 (9/96)