2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90033 011 ****61.25

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1. Entity Name
FOUNTAINVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
20420FOUNTAINVIEW DR NAVARRE, FL 32566	PO BOX 6315 NAVARRE, FL 32566

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
2042 FOUNTAINVIEW DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE, FL	City & State
Zip: 32566 Country	Zip Country

4. FEI Number: 59-3619967 ☐ 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
FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FOUNTAIN, GREGORY 1901 RUT LA FONTAIN NAVARRE, FL 32566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LEMONDS, TOM 2043 FOUNTAINVIEW DR NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEMONDS, TOM 2042 FOUNTAINVIEW DRIVE NAVARRE, FL 32566	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LE MONDS, TOM 2042 FOUNTAINVIEW DRIVE NAVARRE, FL 32566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FOUNTAIN, BETTY 1901 RUE LA FONTAIN NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GPIMER, BARBARA S 2030 FOUNTAINVIEW DR NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOUNER, BARBARA 2599 HIDDEN CREEK DRIVE NAVARRE, FL 32566	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Barbara S. Gouner BARBARA S. GOUNER 1/5/06 850-939-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #