

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2012
Secretary of State

DOCUMENT# N97000005046

Entity Name: FOUNTAINVIEW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2042 FOUNTAINVIEW DRIVE
NAVARRE, FL 32566 US**New Principal Place of Business:**2005 FOUNTAINVIEW DR
NAVARRE, FL 32566 US**Current Mailing Address:**2045 FOUNTAIN PROFESSIONAL CT
SUITE B
NAVARRE, FL 32566 US**New Mailing Address:**2005 FOUNTAINVIEW DR
NAVARRE, FL 32566 US**FEI Number:** 59-3619967**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FOUNTAIN, BETTY
1901 RUE LA FONTAINE
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**REESE, JOHN J
2005 FOUNTAINVIEW DR
NAVARRE, FL 32566 US

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.

SIGNATURE: JOHN J REESE

06/29/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: HULL, STEPHANIE
Address: 1937 BISCAYNE BLVD
City-St-Zip: NAVARRE, FL 32566 US

Title: VPD
Name: CAVIN, CAROLE
Address: 2059 FOUNTAINVIEW DR
City-St-Zip: NAVARRE, FL 32566 US

Title: S
Name: EVANS-FORD, SHARON
Address: 2030 FOUNTAINVIEW DR
City-St-Zip: NAVARRE, FL 32566 US

Title: T
Name: REESE, JOHN J
Address: 2005 FOUNTAINVIEW DR
City-St-Zip: NAVARRE, FL 32566 US

Title: D
Name: FOUNTAIN, BETTY
Address: 1901 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE HULL

P

06/29/2012

Electronic Signature of Signing Officer or Director_____
Date