


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 031 \*\*\*\*61.25

<b>DOCUMENT # N98000005135</b> 1. Entity Name <b>FOUNTAIN VIEW VILLAS MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>121 CENTER ROAD VENICE, FL 34285</b>			Mailing Address <b>121 CENTER ROAD VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <b>181 Center Rd</b>			Suite, Apt. #, etc. <b>181 Center Rd</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0896799</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ARGUS MANAGEMENT OF VENICE, INC. 181 CENTER ROAD VENICE, FL 34285</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGRAS, DENISE		NAME	Peter Schultz	
STREET ADDRESS	1741 FOUNTAIN VIEW CIR		STREET ADDRESS	1797 Fountain View Cir	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice FL 34292	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, ROBERT		NAME	Al Loeffler	
STREET ADDRESS	1797 FOUNTAIN VIEW CIR		STREET ADDRESS	1787 Fountain View Cir	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Bruce Belanger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, KARL		NAME	1777 Fountain View Cir	
STREET ADDRESS	1759 FOUNTAIN VIEW CIR		STREET ADDRESS	Venice, FL 34292	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAUVIN, ROBERT		NAME		
STREET ADDRESS	1729 FOUNTAIN VIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Robert Chauvin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	

40034434



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0896799

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

## 6. Name and Address of Current Registered Agent

ARGUS MANAGEMENT OF VENICE, INC.  
181 CENTER ROAD  
VENICE, FL 34285

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	GINGRAS, DENISE	
STREET ADDRESS	1741 FOUNTAIN VIEW CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, ROBERT	
STREET ADDRESS	1797 FOUNTAIN VIEW CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRAUN, KARL	
STREET ADDRESS	1759 FOUNTAIN VIEW CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAUVIN, ROBERT	
STREET ADDRESS	1729 FOUNTAIN VIEW CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Schultz	
STREET ADDRESS	1797 Fountain View Cir	
CITY-ST-ZIP	Venice FL 34292	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Al Loeffler	
STREET ADDRESS	1787 Fountain View Cir	
CITY-ST-ZIP	Venice, FL	
TITLE	Bruce Belanger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1777 Fountain View Cir	
STREET ADDRESS	Venice, FL 34292	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** Robert Chauvin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_