2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2009
Secretary of State

DOCUMENT# N99000001807

Entity Name: THE FOUNTAINVIEW TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

595 PARK AVENUE
UNIT 2
SATELLITE BEACH, FL 32937

New Principal Place of Business:

595 PARK AVENUE
UNIT 5
SATELLITE BEACH, FL 32937

Current Mailing Address:

595 PARK AVENUE
UNIT 2
SATELLITE BEACH, FL 32937

New Mailing Address:

595 PARK AVENUE
UNIT 5
SATELLITE BEACH, FL 32937

FEI Number: 59-3575133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
WATSON, SOILEAU, DELEO & BURGETT, P.A.
1970 MICHIGAN AVE. BLDG. C
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: AMBROSE, TOM
Address: 595 PARK AVE #2
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD ( ) Delete
Name: SMITH, JUDITH
Address: 595 PARK AVENUE UNIT # 5
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD ( ) Delete
Name: JOHNSON, GINA
Address: 595 PARK AVE. #6
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SMITH, JUDY
Address: 595 PARK AVE #5
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD (X) Change ( ) Addition
Name: JOHNSON, RICKY
Address: 595 PARK AVENUE UNIT # 6
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change ( ) Addition
Name: BUCK, LISA
Address: 595 PARK AVE. #7
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY SMITH PTD 07/25/2009

Electronic Signature of Signing Officer or Director — Date