## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006101

Entity Name: FOUNTAINS OF LIVING, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

28945 S.W. 187 AVE.

HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

28945 S.W. 187 AVE.

HOMESTEAD, FL 33030 US

FEI Number: 65-0954118 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VERSAGE, ELAYNE
25611 SW 130TH AVE
HOMESTEAD, FL 33032 US

VERSAGE, ELAYNE
16700 SW 272ND STREET
HOMESTEAD, FL 33031 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

in the State of Florida.

SIGNATURE: ELAYNE VERSAGE 03/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 CEO (X) Change () Addition

 Name:
 VERSAGE, ELAYNE F
 Name:
 VERSAGE, ELAYNE F

 Address:
 25611 SW 130 AVE
 Address:
 16700 SW 272ND STREET

Address: 25611 SW 130 AVE Address: 16700 SW 272ND STREET City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete Title: P/D (X) Change ( ) Addition Name: VERSAGE, PETER Name: VERSAGE, PETER

 Address:
 25611 SW 130 AVE
 Address:
 16700 SW 272ND STREET

 City-St-Zip:
 HOMESTEAD, FL 33032 US
 City-St-Zip:
 HOMESTEAD, FL 33031 US

Title: SD () Delete Title: D (X) Change () Addition Name: SIMON, MARIAN Name: SIMON, MARIAN

Address: 163 HIBISCUS Address: 163 HIBISCUS

City-St-Zip: TAVERNIER, FL 33070 US City-St-Zip: TAVERNIER, FL 33070 US

Title: D () Delete Title: T/D (X) Change () Addition

 Name:
 JORGE, ARANGO
 Name:
 SIZEMORE, KIM

 Address:
 28945 SW 187TH AVE
 Address:
 90 NW 15TH STREET

 City-St-Zip:
 HOMESTEAD, FL 33030 US
 City-St-Zip:
 HOMESTEAD, FL 33030 US

Title: ( ) Delete Title: S/D ( ) Change (X) Addition

Name: Name: DAVIES, NANCY

 Address:
 Address:
 18424 SW 294TH TERRACE

 City-St-Zip:
 City-St-Zip:
 HOMESTEAD, FL 33030

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: ELAYNE VERSAGE CEO 03/23/2009