

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 046 ***150.00

DOCUMENT # P02000104483

1. Entity Name
FOUNTAIN PROPERTY MANAGEMENT, INC.



Principal Place of Business
**4512 NORTH FLAGLER DR., STE. 201
W. PALM BEACH, FL 33407**

Mailing Address
**4512 NORTH FLAGLER DR., STE. 201
W. PALM BEACH, FL 33407**

50008705



03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4529547

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAY, MARK R
4512 N. FLAGLER DR., STE. 201
W. PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name **Hillary Harrison Gulden, Esq.**
Street Address (P.O. Box Number is Not Acceptable)

**4512 N. Flagler Dr. Ste 201 A
W. Palm Bch FL 33407**

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 the registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/29/06.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAY, MARK R**
STREET ADDRESS **4512 NORTH FLAGLER DR., STE. 201**
CITY-STATE-ZIP **W. PALM BEACH, FL 33407**

TITLE **VP** ☐ Delete
NAME **KAROSAS, MICHAEL**
STREET ADDRESS **4512 NORTH FLAGLER DR., STE. 201**
CITY-STATE-ZIP **W. PALM BEACH, FL 33407**

TITLE **ST** ☐ Delete
NAME **COVE, MICHAEL**
STREET ADDRESS **4512 NORTH FLAGLER DR., STE. 201**
CITY-STATE-ZIP **W. PALM BEACH, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 (561) 835-1790

Date

Daytime Phone #