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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019310 (9)

1. Corporation Name

FOUNTAINS RETIREMENT COMMUNITIES OF FLORIDA, INC



Principal Place of Business

Mailing Address

5439 BOWLINE BEND
NEW PORT RICHEY FL 34652

5439 BOWLINE BEND
NEW PORT RICHEY FL 34652-3052

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

21 7779 S. Tamiami Trail

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34231

Country

25

2a. Mailing Address

26 2020 W. Rudasill

Suite, Apt. #, etc.

27

City & State

28 Tucson, AZ

Zip

29 85704

Country

30

4. FEI Number

59-3230525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRESHWATER, DAVID
STREET ADDRESS 5439 BOWLINE BEND
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ DELETE

TITLE VTD
NAME POZEZ, MITCHEL
STREET ADDRESS 5439 BOWLINE BEND
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ DELETE

TITLE SD
NAME HUBLEY, CAROLYN
STREET ADDRESS 5439 BOWLINE BEND
CITY-ST-ZIP NEW PORT RICHEY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Freshwater, David
1.3 STREET ADDRESS 2020 W. Rudasill
1.4 CITY-ST-ZIP Tucson, AZ 85704 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME POZEZ, Mitchell
2.3 STREET ADDRESS 2020 W. Rudasill
2.4 CITY-ST-ZIP Tucson, AZ 85704 ☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME Dorwart, Frederic
3.3 STREET ADDRESS 124 E. Fourth Street
3.4 CITY-ST-ZIP Tulsa, OK 74103 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mitchell F. Pozez, Mitchell F. Pozez, 4-28-97 (580) 742-4252

CR2E034 (9/96)