

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000029455

1. Entity Name

FOUNTAINS AT ST. LUCIE WEST, INC.



Principal Place of Business

630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

Mailing Address

630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

FILED
Apr 17, 2007 08:00 A
Secretary of State



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0823533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAZIOTTO, RAYMOND
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SOLOMON, JOHN C II
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	GRAZIOTTO, RAYMOND E
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	CFO
NAME	TAYLOR, WILLIAM E
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000712472
04/26/07-80049-006 150.00

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: *William E. Taylor* William E Taylor CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07 561-625-9443