

2008 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 29, 2008 08:00 AM
Secretary of State



02252008 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SOLOMON, JOHN C II
630 MAPLEWOOD DRIVE, #100
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRAZIOTTO, RAYMOND E
630 MAPLEWOOD DRIVE, #100
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
TAYLOR, WILLIAM E
630 MAPLEWOOD DRIVE, #100
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 CFO William E. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2008

Date

561-625-9443

Daytime Phone #