


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90224 030 \*\*\*150.00

**DOCUMENT # S33243**  
1. Entity Name  
FOUNTAIN SQUARE PROPERTY MANAGEMENT, INC.



Principal Place of Business 450 E. LAS OLAS BLVD STE 1500 FT LAUDERDALE, FL 33301	Mailing Address 450 E. LAS OLAS BLVD STE 1500 FT LAUDERDALE, FL 33301
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**40063871**



**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0255669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
AMERICAN INFORMATION SERVICES INC.  
ONE SE THIRD AVE.  
27TH FLOOR  
MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PS HUIZENGA, H. WAYNE JR 450 E. LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BRANDEN, CRIS V 450 E. LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I 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 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 Date Daytime Phone #