

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010694

**Entity Name:** FOUNTAINVIEW COMMONS AT ST. LUCIE WEST LAND  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC4906018962**

**Current Principal Place of Business:**

3325 S. UNIVERSITY DR., STE. 210  
210  
DAVIE, FL 33328

**Current Mailing Address:**

3325 S. UNIVERSITY DR., STE. 210  
DAVIE, FL 33328

**FEI Number: 26-4045529**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, BARRY  
3325 S. UNIVERSITY DR., STE. 210  
DAVIE, FL 33328 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name ROSS, BARRY  
Address 3325 S. UNIVERSITY DR., STE. 210  
City-State-Zip: DAVIE FL 33328

Title DV  
Name OAKES, CORRY  
Address 340 E MAIN ST., STE. 300  
City-State-Zip: SPARTANBURG SC 29302

Title DS  
Name MATZ, WILLIAM  
Address 3325 S. UNIVERSITY DR., STE. 210  
City-State-Zip: DAVIE FL 33328

Title DT  
Name KING, CHARLES T.  
Address 340 E MAIN ST., STE. 300  
City-State-Zip: SPARTANBURG SC 29302

Title D  
Name TURNER, TODD  
Address 340 E MAIN ST., STE. 300  
City-State-Zip: SPARTANBURG SC 29302

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BARRY ROSS**

**PRES.**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date