

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30189

Entity Name: FOUNTAINVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**600 FOUNTAINVIEW SOUTH
SUITE 1
LAKELAND, FL 33809-3423**Current Mailing Address:**715 FOUNTAINVIEW LAKE DRIVE
LAKELAND, FL 33809 US**FEI Number:** 65-0095737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEARD, LIBBY
1224 DAUGHTERY RD W
LAKELAND, FL 33810 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:** LIBBY BEARD**04/09/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name JUDY, RAMSEY
Address 715 FOUNTAINVIEW LAKE DR.
City-State-Zip: LAKELAND FL 33809Title VP
Name LAFORTE, DON
Address 917 FOUNTAINVIEW LAKE DR.
City-State-Zip: LAKELAND FL 33809Title T
Name AHEARN, JOE
Address 921 FOUNTAINVIEW LAKE DR.
City-State-Zip: LAKELAND FL 33809Title S
Name ANDERSON, MARTHA
Address 606 FOUNTAINVIEW NORTH
City-State-Zip: LAKELAND FL 33809Title D
Name NOON, STEPHANIE
Address 1110 FOUNTAINVIEW LAKE DR.
City-State-Zip: LAKELAND FL 33809Title D
Name PAYNTER, ODESSA
Address 812 FOUNTAINVIEW SOUTH
City-State-Zip: LAKELAND FL 33809Title DIRECTOR
Name DAVID, SANDY
Address 929 FOUNTAINVIEW NORTH
City-State-Zip: LAKELAND FL 33809

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: JUDY RAMSEY**PRESIDENT****04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date