

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000006031

**Entity Name:** FOUNTAINHEAD AT THE VINEYARDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S #215  
NAPLES, FL 34104 US

**FEI Number:** 65-0641124

**Certificate of Status Desired:** No

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

SAMOUCÉ, MURRELL, GAL PA.  
5405 PARK CENTRAL CT.  
NAPLES, FL 34109 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:** ROBERT C. SAMOUCÉ

**03/31/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OLIVER, BOBBY L  
Address        1022 FOUNTAIN RUN  
City-State-Zip: NAPLES FL 34119

Title            SECRETARY  
Name            HOUSER, JOANN  
Address        982 FOUNTAIN RUN  
City-State-Zip: NAPLES FL 34119

Title            VP  
Name            FRIEDMAN, FRANCIS  
Address        2512 CAVES RD  
City-State-Zip: OWINGS MILLS MD 21117

Title            TREASURER  
Name            NOBLE, MYRNA J  
Address        112 APRIL SOUND DRIVE  
City-State-Zip: NAPLES FL 34119

*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:** BOBBY L. OLIVER

**PRESIDENT**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date