2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2019
Secretary of State
2880988839CC

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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:

GOEDE/ADAMCZYK/DEBOEST/CROSS
6609 WILLOW PARK DRIVE
SUITE# 201
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: DEBOEST 04/15/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	DIRECTOR
Name	MECUM, JERRY	Name	SPAHL, JACQUELINE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	PRESIDENT	Title	SECRETARY
Name	DIMENTO, WILLIAM	Name	LYONS, DONNA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER		
Name	BUSMAN, RUTH		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215		
City-State-Zip:	NAPLES FL 34104		

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: WILLIAM DIMENTO PRESIDENT 04/15/2019

Electronic Signature of Signing Officer/Director Detail — Date