

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
- 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **707385** (1)
1. Corporation Name
FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1400 N.E. 169TH ST.
BLDG 3, APT 103
N. MIAMI BCH. FL 33162
US**

3. Date Incorporated or Qualified **06/03/1964** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-1114982** Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DRESSLER, MURIEL
1400 NE 16TH ST APT 103
N MIAMI BCH FL 33162**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DRESSLER, MURIEL
STREET ADDRESS	1400 NE 169TH ST APT 103
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	DVP
NAME	POTSDAM, JEAETTE
STREET ADDRESS	1400 NE 169TH ST APT 106
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	DS
NAME	KAPLAN, FRANCES B.
STREET ADDRESS	1400 N. E. 169TH BLDG. 3 APT 110
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	DT
NAME	KAUFMAN, HARRY M.
STREET ADDRESS	1400 N. E. 169TH BLDG. 3 APT 304
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	AT
NAME	HAMMEL, KITTY
STREET ADDRESS	1400 N. E. 169TH BLDG. 3 APT 101
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	LIPPMAN, LOUIS
STREET ADDRESS	1400 NE 169TH ST APT 301
CITY-ST-ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SAME
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVP BROTHERHOOD, JOHN
2.3 STREET ADDRESS	1400 N.E. 169 ST
2.4 CITY-ST-ZIP	N.M.B. FL 33162 APT 204
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POTSDAM, JEANETTE
3.3 STREET ADDRESS	1400 N.E. 169 ST APT. 106
3.4 CITY-ST-ZIP	N.M.B. FL 33162
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. NEMTLOV, DAVID
4.3 STREET ADDRESS	1400 N.E. 169 ST APT. 302
4.4 CITY-ST-ZIP	N.M.B. FL 33162
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAMMEL, KITTY
5.3 STREET ADDRESS	1400 N.E. 169 ST APT. 101
5.4 CITY-ST-ZIP	N.M.B. FL 33162
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JACOBSON, SYLVIA
6.3 STREET ADDRESS	1400 N.E. 169 ST. APT. 205
6.4 CITY-ST-ZIP	N.M.B. FL 33162

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muriel Dressler MURIEL DRESSLER 4/24/95 305544-0937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

101385

FOUNTAINVIEW ASSOCIATION VINCENZA CONDOMINIUM

13. (CONTINUED) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MONTHS

7.1 TITLE D.

7.2 NAME GASS, MENA

7.3 STREET ADDRESS 1450 N. E. 169 ST. APT. 207

7.4 CITY - ST - ZIP N.M.B., FL. 33062