

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 1400 N.E. 169TH ST. BLDG 3 APT 103 N. MIAMI BCH. FL 33162 US  
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: **05/01/1995**

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

4. FEI Number: **59-1114982**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

DRESSLER, MURIEL  
1400 NE 16TH ST APT 103  
N MIAMI BCH FL 33162

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DRESSLER, MURIEL	
STREET ADDRESS	1400 NE 169TH ST APT 103	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BROTHERHOOD, JOHN	
STREET ADDRESS	1400 NE 169 ST #204	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	POTSDAM, JEANETTE	
STREET ADDRESS	1400 NE 169 ST #106	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEMTZOV, DAVID	
STREET ADDRESS	1400 NE 169 ST #302	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMEL, KITTY	
STREET ADDRESS	1400 NE 169 ST #101	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSON, SYLVIA	
STREET ADDRESS	1400 NE 169 ST #205	
CITY-ST-ZIP	N MIAMI BCH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>SAME</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>SAME</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DS RAUFMAN M.</b>
3.3 STREET ADDRESS	<b>1400 N.E. 169 ST. APT 206</b>
3.4 CITY-ST-ZIP	<b>N. MIAMI BCH FL. 33162</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DS RAUFMAN LOUIS</b>
4.3 STREET ADDRESS	<b>2400 N.E. 169 ST. APT. 301</b>
4.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D GASE, MENA</b>
5.3 STREET ADDRESS	<b>1400 N.E. 169 ST. APT. 207</b>
5.4 CITY-ST-ZIP	<b>N. MIAMI BCH FL.</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D RAUFMAN F.</b>
6.3 STREET ADDRESS	<b>1400 N.E. 169 ST. APT. 110</b>
6.4 CITY-ST-ZIP	<b>N. MIAMI BCH FL.</b>

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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Muriel Dressler* MURIEL DRESSLER 4/3/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disting. Phone #

CR2E037 (12/95)

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FOUNTAIN VIEW ASSOCIATION, INC. #3 CONDOMINIUM

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

CHANGE-  
 ADDITION

7.1 TITLE T

7.2 NAME HARTMAN, L.

7.3 1400 N.E. 169 ST. APT. 108

~~7.4 N. MIAMI BCH, FL. 33~~

7.4 CITY - ST - ZIP N. MIAMI BCH, FL. 33162