


220-97-B
FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33162-2801 US
---	---

3. Date Incorporated or Qualified 06/03/1964	3a. Date of Last Report 04/22/1996
---	---------------------------------------

2. Principal Place of Business 21 State, Attn #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-1114982 Applied For Not Applicable
--	--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **DAVID L NEMTZOV**
82 Street Address (P.O. Box Number is Not Acceptable)
1400 N.E. 169th ST APT 302
83 **N. MIAMI BEACH FL**
84 City **NORTH MIAMI BEACH FL** 85 Zip Code **33162**

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 **DAVID L NEMTZOV** DATE **3/7/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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	KAUFMAN, M.	
STREET ADDRESS	1400 NE 169 ST, APT 208	
CITY-ST-ZIP	N. MIAMI BCH/ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, LOUIS	
STREET ADDRESS	2450 NE 169 ST, APT 301	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASG, MENA	
STREET ADDRESS	1400 NE 169 ST, APT 207	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, F.	
STREET ADDRESS	1400 NE 169 ST, APT 110	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID NEMTZOV	
1.3 STREET ADDRESS	1400 N.E. 169 ST.	
1.4 CITY-ST-ZIP	N. MIAMI BCH. FL 33162	
2.1 TITLE	BROTHERHOOD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN BROTHERHOOD	
2.3 STREET ADDRESS	1400 N.E. 169 ST.	
2.4 CITY-ST-ZIP	N. MIAMI BCH. FL 33162	
3.1 TITLE	SALVIA JACOBSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SALVIA JACOBSON	
3.3 STREET ADDRESS	1400 N.E. 169 ST. SEC	
3.4 CITY-ST-ZIP	N. MIAMI BCH FL 33162	
4.1 TITLE	LOUIS ZIPPMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUIS ZIPPMAN	
4.3 STREET ADDRESS	1400 N.E. 169 ST.	
4.4 CITY-ST-ZIP	N. MIAMI BCH FL 33162	
5.1 TITLE	MURIEL DRESSLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MURIEL DRESSLER	
5.3 STREET ADDRESS	1400 N.E. 169 ST.	
5.4 CITY-ST-ZIP	N. MIAMI BCH FL 33162	
6.1 TITLE	MENA GASG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MENA GASG	
6.3 STREET ADDRESS	1400 N.E. 169 ST.	
6.4 CITY-ST-ZIP	N. MIAMI BCH FL 33162	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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, changed, or on an attachment with an address.

SIGNATURE: **DAVID L NEMTZOV, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)