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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/03/1964	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1114982		

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DAVID L NEMTZOV
1400 NE 169TH ST APT 302
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID NEMTZOV	1.2 NAME	
STREET ADDRESS	1400 NE 169TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERHOOD, JOHN	2.2 NAME	
STREET ADDRESS	1400 NE 169 ST #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA JACOBSON	3.2 NAME	SYLVIA JACOBSON
STREET ADDRESS	1400 NE 169TH ST STE C	3.3 STREET ADDRESS	BELOW - SEC 14
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS LIPPMAN	4.2 NAME	EDUARDO A. Mendez
STREET ADDRESS	1400 NE 169TH ST	4.3 STREET ADDRESS	1400 NE 169 ST #202
CITY-ST-ZIP	N. MIAMI BCH. FL	4.4 CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURIEL DRESSLER	5.2 NAME	KETTY HAMMEL
STREET ADDRESS	1400 NE 169TH ST	5.3 STREET ADDRESS	1400 NE 169 ST #101
CITY-ST-ZIP	N. MIAMI BCH. FL	5.4 CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M KAUFMA	6.2 NAME	SANET POTSDAM
STREET ADDRESS	1400 NE 169 ST, APT 110	6.3 STREET ADDRESS	1400 NE 169 ST # 106
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	N MIAMI BCH FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *D.L. Nemtsov* DATE: 4/27/98

CR2E037 (10/97)