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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707385

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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2. Principal Place of Business 21 1400 NE 169 ST Suite, Apt. #, etc. 22 302	2a. Mailing Address 26 1400 NE 169 ST Suite, Apt. #, etc. 27 # 302	3. Date Incorporated or Qualified 06/03/1964
23 NORTH MIAMI BEACH, FL City & State 24 33162 25 DADE Zip Country	28 NORTH MIAMI BEACH, FL City & State 29 33162 30 DADE Zip Country	4. FEI Number 59-1114982 Applied For Not Applicable
9. Name and Address of Current Registered Agent DAVID L NEMTZOV 1400 NE 169TH ST APT 302 N MIAMI BCH FL 33162		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating) DATE _____

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERHOOD, JOHN	2.2 NAME	T BAEZ
STREET ADDRESS	1400 NE 169 ST #204	2.3 STREET ADDRESS	1400 NE 169 ST #108
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	N MIAMI BCH. FL.
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA JACOBSON	3.2 NAME	MURIEL DRESSLER
STREET ADDRESS	1400 NE 169TH ST STE C	3.3 STREET ADDRESS	1400 NE 169 ST APT 103
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	N MIAMI BCH FL.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, EDUARDO A	4.2 NAME	
STREET ADDRESS	1400 NE 169TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMEL, KETTY	5.2 NAME	WILLIAMS MASSES
STREET ADDRESS	1400 NE 169TH ST	5.3 STREET ADDRESS	1400 NE 169 ST # 212
CITY-ST-ZIP	N. MIAMI BCH. FL	5.4 CITY-ST-ZIP	N MIAMI BCH FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTSDAM, JANET	6.2 NAME	
STREET ADDRESS	1400 NE 169 ST, APT 110	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1-15 99** Daytime Phone #: **(305) 949 5320**

CR2E037 (1/198)