

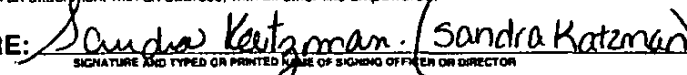


FILED
Apr 21, 2005 8:00 am
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

03-23-2005 90030 039 ****61.25

DOCUMENT # 707385			
1. Entity Name FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM			
Principal Place of Business 1400 N.E. 169TH ST. APT #109, BLDG 3 N. MIAMI BCH., FL 33162 US		Mailing Address 1400 N.E. 169TH ST. APT #109, BLDG 3 N. MIAMI BCH., FL 33162 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1114982		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, RITE 1400 N.E. 169TH ST. APT #109, BLDG 3 N. MIAMI BCH., FL 33162		Sandra Katzman 1400 NE 169ST #212 NMB 71. 33162	
		Name SANDRA KATZMAN	
		Street Address (P.O. Box Number is Not Acceptable) 1400 NE 169ST #212	
		City NORTH MIAMI BEACH FL Zip Code 33162	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 3-18-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZMAN, SANDRA 1400 NE 169ST #212 N. MIAMI BCH., FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Muriel Dressler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1400 NE 169ST #212 103 NMB. 71. 33162 (DIRECTOR)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONSECA, MARIELA 1400 NE 169TH ST #203 N. MIAMI BCH., FL-33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDOZA, EDUARDO 1400 NE 169 ST #204 MIAMI, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, RITA 1400 NE 169 ST #109 MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, WAYNE 1400 NE 169 ST #305 N-MIAMI BCH., FL-33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 3-18-05 (305) 949-1293	

66012050



03142005 Chg:NR CH2E037 (10/03)