


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90390 048 ****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

40075227

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1114982

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
KATZMAN, SANDRA
 1400 N.E. 169TH ST.
 #212
 N. MIAMI BCH., FL 33162

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KATZMAN, SANDRA	
STREET ADDRESS	1400 NE 169ST #212	
CITY-ST-ZIP	N. MIAMI BCH., FL 33162	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RITA	
STREET ADDRESS	1400 NE 169 ST #109	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, WAYNE	
STREET ADDRESS	1400 NE 169 ST #305	
CITY-ST-ZIP	N. MIAMI BCH., FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRESSLER, MURIEL	
STREET ADDRESS	1400 NE 169 ST #103	
CITY-ST-ZIP	N MIAMI BCH, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eddie Mendoza	
STREET ADDRESS	260 NE 99 ST	
CITY-ST-ZIP	260 NE 99 ST Miami Shores 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sandra Katzman (president) Date: 4-28-06 Daytime Phone #: (305) 333-9435