


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 707385 1. Entity Name FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM	
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Principal Place of Business 1400 N.E. 169TH ST. APT #212, BLDG 3 NORTH MIAMI BEACH, FL 33162 US	Mailing Address 1400 N.E. 169TH ST. APT #212, BLDG 3 NORTH MIAMI BEACH, FL 33162 US
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03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

KATZMAN, SANDRA
 1400 N.E. 169TH ST.
 #212
 N. MIAMI BCH., FL 33162

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000876265
 04/11/08-80067-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZMAN, SANDRA 1400 NE 169ST #212 N. MIAMI BCH., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCAMPO, DORIS 1400 N.E. 169TH ST. #104 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, WAYNE 1400 NE 169 ST #305 N. MIAMI BCH., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAJAMANCA, CARLOS 1400 NE 169 ST #107 N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, MARIA 1400 NE 169 ST #314 N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #