

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707385

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

Current Principal Place of Business:

1400 N.E. 169TH ST.
APT #212, BLDG 3
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1400 N.E. 169TH ST.
APT #212, BLDG 3
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 59-1114982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KATZMAN, SANDRA
Address: 1400 NE 169ST #212
City-St-Zip: N. MIAMI BCH., FL 33162 US

Title: D () Delete
Name: OCAMPO, DORIS
Address: 1400 N.E. 169TH ST. #104
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: CUMMINGS, WAYNE
Address: 1400 NE 169 ST #305
City-St-Zip: N. MIAMI BCH., FL 33162 US

Title: VP () Delete
Name: CAJAMANCA, CARLOS
Address: 1400 NE 169 ST #107
City-St-Zip: N MIAMI BCH, FL 33162

Title: S () Delete
Name: FERNANDEZ, MARIA
Address: 1400 NE 169 ST #314
City-St-Zip: N MIAMI BCH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS OCAMPO

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date