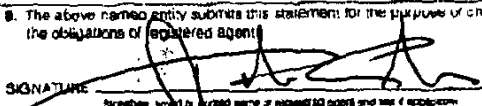
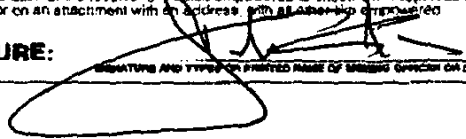


FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90004 012 ****70.00

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

DOCUMENT # 725547			
1. Entity Name FOUNTAIN TOWERS CONDOMINIUM, INC.			
Principal Place of Business 7118 BONITA DRIVE APT. 204 MIAMI BEACH, FL 33141		Mailing Address FOUNTAIN TOWERS CONDO ASSOC 7118 BONITA DR #204 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1579491		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		08232005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ESPINOSA, ELPIDIO 7118 BONITA DR., SUITE 205 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name JOHN CALAS Street Address (P.O. Box Number is Not Acceptable) 7118 BONITA DR. SUITE 204 MIAMI BEACH City FL Zip Code 33141	
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 valid in printed name of registered agent and has application		DATE 8/25/05 NOTE: Registered Agent signature required when handling.	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ESPINOSA, ELPIDIO 7118 BONITA DR., SUITE 205 MIAMI BEACH, FL 33141	TITLE	PD JOHN CALAS 7118 BONITA DR. SUITE 204 MIAMI BEACH FL 33141
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	D RABASA, RUBEN 7118 BONITA DR STE 802 MIAMI BEACH, FL 33141	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	TD HERRERA, NELIA 7118 BONITA DR SUITE 303 MIAMI BEACH, FL 33141	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	BD MARTINEZ, REINA 7118 BONITA DR SUITE 805 MIAMI BEACH, FL 33141	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	VO GALLO, FRANK 7118 BONITA DR SUITE 305 MIAMI BEACH, FL 33141	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 information.			
SIGNATURE:  Signature and typed or printed name of officer or director		DATE 8/25/05	

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