

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728167 (8)

1. Corporation Name

FOUNTAIN SQUARE PARK ASSOCIATION, INC.

Principal Place of Business

910 W. 81ST PLACE
HIALEAH FL 33014

Mailing Address

910 W. 81ST PLACE
HIALEAH FL 33014

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CARRION, ROBERT W.
8155 WEST 9TH LANE
HIALEAH FL 33014-3566

3. Date Incorporated or Qualified

11/28/1973

4. FEI Number

59-1577777

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NORMA I VAZQUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

8175 W 9 AVENUE

83

HIALEAH

FL

33014

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

NORMA I VAZQUEZ

TREASURER

9/23/98

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SAUMELL-YEDRA, DALIA
STREET ADDRESS 8165 WEST 9 AVE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE VD
NAME VEGA, DOLIA
STREET ADDRESS 870 WEST 81ST PLACE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE TD
NAME VAZQUEZ, NORMA I.
STREET ADDRESS 8175 WEST 9TH AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE S
NAME DAVID, JENNIFER
STREET ADDRESS 8165 WEST 9 LANE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

(NORMA I VAZQUEZ)

9/23/98

305-828-2455

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date Daytime Phone #

CR2E037 (5/98)

FILED
Oct 07 1998 8:00am
Secretary of State

