

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-30, 2004 08:00 AM
Secretary of State

DOCUMENT # 728167

1. Entity 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**



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1577777	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, NORMA I
910 W. 81ST PLACE
HIALEAH, FL 33014**

**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 _____

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000145603
05/03/04-80032-024 30.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUMELL-YEDRA, DALIA 8165 WEST 9 AVE HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, NORMA I. 8175 WEST 9TH AVENUE HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID, JENNIFER 8165 WEST 9 LANE HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA I VAZQUEZ

04/24/04

305-820-2511

Date

Daytime Phone #