

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728167

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FOUNTAIN SQUARE PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

910 W. 81ST PLACE  
HIALEAH, FL 33014

**New Principal Place of Business:**

910 WEST 81ST PLACE  
HIALEAH, FL 33014

**Current Mailing Address:**

P.O. BOX 4942  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 59-1577777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, ULISES  
944 WEST 81 ROAD  
HIALEAH, FL 33014 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: PD ( ) Delete  
Name: VAZQUEZ, ULISES  
Address: 944 WEST 81 ROAD  
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete  
Name: SAUMELL-YEDRA, DALIA  
Address: 8165 WEST 9 LANE  
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete  
Name: VAZQUEZ, NORMA I  
Address: 8175 W 9 AVE  
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete  
Name: BRITO, ADA  
Address: 8105 WEST 8TH CT  
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete  
Name: MAYRA, MARTINEZ  
Address: 8105 WEST 9TH COURT  
City-St-Zip: HIALEAH, FL 33014

Title: VD ( ) Delete  
Name: MATIAS, JOSUE  
Address: 8170 WEST 8TH CT  
City-St-Zip: HIALEAH, FL 33014

**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:

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: ULISES VAZQUEZ

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date