

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90257 028 \*\*\*\*61.25

**DOCUMENT # 730464**

1. Entity Name  
**THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. 1, INC.**

Principal Place of Business Mailing Address  
**9682 FONTAINEBLEAU BLVD. PO BOX 440067**  
**MIAMI FL 33172 MIAMI FL 33144**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66423589



MOORE CR2E037 (11/03)

4. FEI Number **59-1629223** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOSE LOPEZ SILVERO**  
**9682 FONTAINEBLEAU BLVD.**  
**#504**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name **Hernandez, Luis**  
 Street Address (P.O. Box Number is Not Acceptable) **11840 SW 8 STREET**  
**SUITE 301**  
 City **MIAMI** FL Zip Code **33184**

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]* DATE **05/19/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PS SANZ, ANTONIO 9682 FAOUNTAINBLEAU BLVD #404 MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D GARCIA, ROBERTO 9682 FONTAINEBLEAU BLVD # 702 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VB DE LA PARTE, RENE 9682 FONTAINEBLEAU BLVD # 504 MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/D GARCIA, VILMA 9670 FONTAINEBLEAU BLVD # 15 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ SILVERO, JOSE 9682 FONTAINEBLEAU BLVD #404 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D SANZ, ANTONIO 9682 FONTAINEBLEAU BLVD # 104 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD LOPEZ-BONET, CARMEN 9682 FOUNTAINBLEAU BLVD #404 MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/D ANADOR, ANTONIO 9682 FONTAINEBLEAU BLVD # 714 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D CORREA, ALBERTO 9682 FOUNTAINBLEAU BLVD #709 MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **JOSE LOPEZ SILVERO, SECRETARY** DATE **05/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR