


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90228 027 \*\*\*\*61.25

<b>DOCUMENT # 730464</b>					
1. Entity Name <b>THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. 1, INC.</b>					
Principal Place of Business <b>9682 FONTAINEBLEAU BLVD. MIAMI FL 33172</b>		Mailing Address <b>PO BOX 440067 MIAMI FL 33144</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1629223</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, LUIS 11890 SW 8 STREET, SUITE 401 MIAMI FL 33184</b>			7. Name and Address of New Registered Agent		
			Name <b>Frank Perez-Siam</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>7001 SW 87Ct</b>		
			City <b>Miami</b>		FL
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 <i>Frank Perez</i>			DATE <b>04/14/05</b>		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMADOR, ANTONIO 9682 FONTAINEBLEAU BLVD. #714 MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D AMADOR, Antonio 7001 SW 87 Ct Miami, Fl. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD- RODRIGUEZ, VILMA 9670 FONTAINEBLEAU BLVD. #15 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FERNANDEZ, Patricia 7001 SW 87 Ct Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANZ, ANTONIO 9682 FONTAINEBLEAU BLVD. #104 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GARCIA, Robert 7001 SW 87 Ct Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, SILVERO J 9682 FONTAINEBLEAU BLVD. #404 MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SILVERO, Jose L 7001 SW 87 Ct Miami, Fl. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LOPEZ BONET, CARMEN 9682 FOUNTAINBLEAU BLVD #504 MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LOPEZ BONET, Carmen 7001 SW 87 Ct Miami, Fl. 33173	<input checked="" 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	V/D CARASA, Elena 7001 SW 87 Ct Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" 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: <i>Jose L. Lopez</i>			DATE: <b>04/14/05</b> (305) 553-9731		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE Daytime Phone #		