


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

**FILED
May 24, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # 730464					
1. Entity Name THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. 1, INC.					
Principal Place of Business 9682 FONTAINEBLEAU BLVD. MIAMI, FL 33172			Mailing Address PO BOX 440067 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	4. FEI Number 59-1629223	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ-SIAM, FRANK 7001 SW 87 CT MIAMI, FL 33173			Name Street Address (P.O. Box, Not if Not Applicable) City		
			05/12/05 -- 01038 -- 020 **61.25		
			FL Zip Code		
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 <i>05/12/05</i>			
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD AMADOR, ANTONIO 7001 SW 87 CT MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOSA, Araceli 7001 SW 87 CT Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, PATRICIA 7001 SW 87 CT MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D FERNANDEZ, Patricia 7001 SW 87 CT Miami, Fl. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, ROBERT 7001 SW 87 CT MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CARASA, Elena 7001 SW 87 CT Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, SILVERO J 7001 SW 87 CT MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D LOPEZ SILVERO, Jose 7001 SW 87 CT Miami, Fl. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ BONET, CARMEN 7001 SW 87 CT MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D GROSO, Martha 7001 SW 87 CT Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARASA, ELENA 7001 SW 87 CT MIAMI, FL 33173	<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: <i>[Signature]</i>		DATE: <i>05/12/05</i>		DAYTIME PHONE # <i>(305) 553-9971</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	