
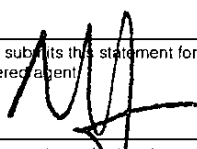


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 029 ****61.25

DOCUMENT # 730464					
1. Entity Name THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. I, 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		4. FEI Number 59-1629223	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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 <i>UNLIMITED PROPERTY MANAG.</i> Street Address (P.O. Box Number is Not Acceptable) <i>7655 NW 50 CT</i> City <i>MIAMI</i> FL Zip Code <i>33166</i>		
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 			DATE <i>04/24/06</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<i>SECRETARY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOSA, ARACELI		NAME	<i>GRACIELA H PAIETU</i>	
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS	<i>7001 SW 87 CT</i>	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	<i>MIAMI FL 33173</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, PATRICIA		NAME	ELIA FERNANDEZ	
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS	7001 SW 87 CT	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, ELENA		NAME		
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERO, JOSE L		NAME		
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSO, MARTHA		NAME		
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, ELENA		NAME		
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>ARACELI SOSA</i>			Date <i>4/24/06</i> Daytime Phone # <i>(305) 5539731</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60037445



04122006 Chg-NP CR2E037 (11/05)