

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90153 002 ****61.25

03/17/99

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762223

1. Corporation Name
THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK, CONDOMINIUM #4, INC.

Principal Place of Business
 9688 FB #100 MIAMI FL 33172 US

Mailing Address
 P O BOX 402665 MIAMI BEACH FL 33140 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 9688 FONT BLVD	05/28/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 # 100	59-2279236
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28 MIAMI, FL	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29 33172 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANZ, ANTONIO 9682 FONTAINEBLEAU BLVD #104 MIAMI FL 33172	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADIDA, JOSE	1.2 NAME	
STREET ADDRESS	2457 COLLINS AVE. #1404	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCH, ABRAHAM	2.2 NAME	
STREET ADDRESS	9688 FONTAINEBLEAU 608	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDYANO, MOISES	3.2 NAME	
STREET ADDRESS	9688 FONTAINE BLEAU BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALCARGO, HAZEL	4.2 NAME	JANET VASALLO
STREET ADDRESS	9688 FONTAINEBLEAU BLVD. #410	4.3 STREET ADDRESS	8901 SW - 82 AVE
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO, SILVA	5.2 NAME	ANDRES BARRIOS
STREET ADDRESS	9688 FONTAINEBLEAU BLVD #611	5.3 STREET ADDRESS	9688 FONTAINEBLEAU BLVD # 108
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Moises Mudyano - MOISES MUDYANO 03/15-99 (305) 552-6453
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)