


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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90238 013 ****61.25

DOCUMENT # N0100000416

1. Entity Name
 THE FOUNTAINVIEW CLUB NO. ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O ESSLINGER WOOTEN MAXWELL, INC. C/O ESSLINGER WOOTEN MAXWELL, INC.
 1360 S DIXIE HWY 1360 S DIXIE HWY
 CORAL GABLES FL 33143 CORAL GABLES FL 33143

14021988



MOORE CR2E037 (11/03)

2. Principal Place of Business Property
 C/O Alhambra Property Management
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1390 S. Dixie Hwy 1390 S. Dixie Hwy
 City & State City & State
 Coral Gables, FL Coral Gables, FL
 Zip Country Zip Country
 33146 Dade 33146 Dade

4. FEI Number 59-1143319 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESSLINGER WOOTEN MAXWELL, INC.
 1360 S DIXIE HWY
 CORAL GABLES FL 33143

7. Name and Address of New Registered Agent
 Name Alhambra Property Mgmt
 Street Address (P.O. Box Number is Not Acceptable) 1390 S. Dixie Highway #311
 Suite #1311
 City Coral Gables FL Zip Code 33146

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 Myartney DATE 3/10/04
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COROALLES, MANUEL 2845 GRANADA BLVD # 1A CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LARIMORE, AGGIE 2845 GRANADA BLVD # 1B CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTD O'DAIR, MARGOT 2845 GRANADA BLVD # 2C CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Young 2845 Granada Blvd. #3B Coral Gables 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Myra Rackow 2845 Granada Blvd #3A Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Manuel Coralles DATE: 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #