2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N03000003003

Entity Name: VISIONS AT FOUNTAINBLEAU PARK I, CONDOMIUM ASSOCIATION, INC.

Current Principal Place of Business:

7750 W. 26 AVE.
SUITE 4
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160718
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 54-2119401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA'S PROPERTY MANAGEMENT GROUP INC
7750 W. 26 AVE.
SUITE 4
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FUENTES, LUIS M
Address: 7750 W. 26 AVE #4
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete
Name: FERNANDEZ, ELSA
Address: 7750 W. 26 AVE.
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete
Name: LUITTI, RAPHAELLI
Address: 7750 W. 26 AVE.
City-St-Zip: HIALEAH, FL 33016

Title: D ( ) Delete
Name: CORTADA, ARGELIA
Address: 7750 W. 26 AVE.
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARILLO, LUIS C
Address: 7750 W. 26 AVE #4
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LUITTI, RAPHAELLI
Address: 7750 W. 26 AVE.
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: LOPEZ, OSCAR
Address: 7750 WEST 26TH AVE
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS CESARCARILLO PD 04/05/2005

Electronic Signature of Signing Officer or Director — Date