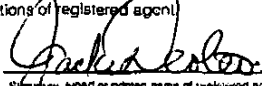
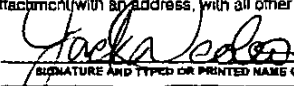


FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90142 001 *****8.75
 03-16-2007 90142 002 *****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N03000003003			
1. Entity Name VISIONS AT FOUNTAINBLEAU PARK I, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7750 W. 26 AVE. SUITE 4 HIALEAH, FL 33016		Mailing Address P.O. BOX 160718 P.O. Box 442419 HIALEAH, FL 33016 Miami, FL 33144	
2. Principal Place of Business - No P.O. Box # 8500-17 NW 8 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33126		Country US	
4. FEI Number 54-2119401		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MANAGEMENT GROUP INC 7760 W. 26 AVE. SUITE 4 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name JACKIE DEOLEO - VFPI Street Address (P.O. Box Number is Not Acceptable) 8517 NW 7 ST #408 c/o Unite Property Mgmt, Inc. City Miami FL Zip Code 33126	
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 3/5/07	
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRILLO, LUIS C 8500 NW 8TH ST, APT 208 MIAMI, FL 33128 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, OSCAR 8500 NW 8TH ST, APT 209 MIAMI, FL 33126 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ramon Garcia 8517 NW 7 St # 306 Miami, FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ISRAEL 8500 NW 8TH ST, APT 403 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Israel Rodriguez 8500 NW 8 St # 403 Miami, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS, JORGE 8517 SW 7TH ST, APT 110 MIAMI, FL 33126 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mercy Rios 8517 NW 7 St # 110 Miami, FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEOLEO, JACKIE 8517 NW 7TH ST, APT 208 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jackie Deoleo 8517 NW 7 St # 408 Miami, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cecilia Sanchez 8517 NW 7 St # 210 Miami, FL 33126 ☐ Change ☒ Addition
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: 		DATE 3/5/07 (305) 227-2448 (305) 310-4144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	