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, CONDOMIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7750 W. 26 AVE.~~ ~~SUITE 4~~ ~~HIALEAH, FL 33016~~	~~P.O. BOX 160718~~ ~~HIALEAH, FL 33016~~ P.O. Box 442419 Miami FL 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8500-17 NW 8 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33126 Country: US	Zip Country

01022007 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
~~FLORIDA'S PROPERTY MANAGEMENT GROUP INC~~ ~~7750 W. 26 AVE.~~ ~~SUITE 4~~ ~~HIALEAH, FL 33016~~	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: Jackie Deoleo 3/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 33126	☒ 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 RODGRIQUEZ, 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 7St #110 Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEOLEO, JACKIE 8517 NW 7TH ST, APT 408 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: Jackie Deoleo 3/5/07 (305) 227-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 310-4144 Daytime Phone #