2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000003005

1. Entity Name

VISIONS AT FOUNTAINBLEAU PARK II. CONDOMINIUM ASSOCIATION, INC.



FILED Mar 30, 2007 8:00 am Secretary of State

03-30-2007 90145 017 ****61.25

ASSOCIATION, INC.						- The state of the					
Principal Place of Business				Mailing Addross							
8401 AND 8425 NW 8TH ST MIAMI FL 33126			7953	C/O COMM MGMT CONSULTAN GROUP 7953 NW 53RD ST MIAMI FL 33166							
2. Principal Place of Business - No P.O. Box #				ling Address	_ ! 88 81 6	II MUIDO BILBA BUILI UUCEI I	88III 88III 8 JI	88 IIIL) 88III 88I8I 8	 		
Suite, Apt.	#, etc.	Sı	ille, Apt. #, etc.	1st MOORE CR2E037 (10/06)							
City & State			Ci	City & State			4. FEI Number 54-2119381				pplied For ot Applicable
Zip	p Country			o	Cou	ıntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current R							7. Name and Address of New Registered Agent				
						Name					
DUGGER, ROBERT A SR 7953 NW 53RD ST						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33166											
						City			FL	Zip Code	0
8. The above raimed eality submits his 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.											
and objective of registered agont.											
SIGNATURE											
Signal 8, specific printer formation registerate see and title is applicable. (NOTE Registered Agent signature required when resistating) DAM											
i ' '					on Campaign Financing Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10. OFFICERS AND DIREC					11.		ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10				
DILL	PD			Delete			☐ Change ☐ A			Addition Addition	
STREET ADORESS	NAMI SANTANA, ANA STREET ADDRESS 7953 NW 53RD ST				NAM STRE	ELADDRESS					
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12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

305-597-0920

Daytime Phone #