

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # N13783 (8)

1. Corporation Name
**PARKSIDE OF FONTAINEBLEAU CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business Mailing Address
**% GARANTEE MANAGEMENT SERVICES INC.
111 FONTAINEBLEAU BLVD
MIAMI FL 33172** **% GARANTEE MANAGEMENT SERVICES INC.
111 FONTAINEBLEAU BLVD
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/11/1996 **03/08/1994**

4. FEI Number Applied For
59-1623411 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**LUBITZ, ALAN H, ESQUIRE
LUBITZ AND PARISER
1500 SAN REMO AVE, SUITE 220
CORAL GABLES FL 33146**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City 05 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DE POLLO, WILLIAM	1.2 NAME	Richard Reed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 FONTAINEBLEAU	1.3 STREET ADDRESS	9120 Fontainebleau Blvd., # 103
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	Miami, Florida 33172
TITLE	VD	2.1 TITLE	P/D
NAME	ALONSO, AURELIO	2.2 NAME	Aurelio Alonso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 FONTAINEBLEAU	2.3 STREET ADDRESS	9120 Fontainebleau Blvd., # 106
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	S/D
NAME	STENMANN JR., EUGENE	3.2 NAME	Evelyn Grogan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 FONTAINEBLEAU BLVD	3.3 STREET ADDRESS	9150 Fontainebleau Blvd., # 301
CITY- ST- ZIP	MIAMI, FL	3.4 CITY- ST- ZIP	Miami, Florida 33172
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Gerardo Franco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	9150 Fontainebleau Blvd., # 508
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Miami, Florida 33172
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Stephanie Ellerman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	9120 Fontainebleau Blvd., # 205
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Miami, Florida
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Aurelio-Alonso, President** 2/23/95