

07231999-90002-045-\$61.25-\$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Tarris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

99 OCT 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N13783

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

Principal Place of Business      Mailing Address

9140 FOUNTAINEBLEAU BLVD.      9140 FOUNTAINEBLEAU BLVD.  
#102      #102  
MIAMI FL 33172      MIAMI FL 33172



7/29/99 90002/045 \$61.25

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/11/1986
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-1623411
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired
28			<input type="checkbox"/> \$8.75 Additional Fee Required
29			6. Election Campaign Financing
30			<input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TRIAI, CARLOS 999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134	91 Name <b>DAWU MARSHALL</b> 92 Street Address (P.O. Box Number is Not Acceptable) <b>FIRST UMAN FINANCIAL CTR 20TH FLOOR</b> 93 <b>200 So Biscayne Blvd.</b> 94 <b>MIAMI</b> FL 95 Zip Code <b>33131</b>

11. Pursuant to the Provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **10/04/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	PUERTO, CARLOS E 9140 FOUNTAIN BLEAU BLVD., #102 MIAMI FL 33172	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	LOPEZ-ONA, CARLOS E 9140 FOUNTAIN BLEAU BLVD., #108 MIAMI FL 33172	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	HUARTE, IGNACIO 9140 FOUNTAIN BLEAU BLVD., #304 MIAMI FL 33172	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	COMAS, LUIS 9140 FOUNTAIN BLEAU BLVD., #506 MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ROJAS, JOHNNY 9140 FOUNTAIN BLEAU BLVD., #504 MIAMI FL 33172	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SANTIAGO, FRANCIS 9140 FOUNTAIN BLEAU BLVD., #101 MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **7/12/99 3055514158**

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