

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90237 001 ****61.25

DOCUMENT # N13783



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

Principal Place of Business
**9140 FOUNTAINBLEAU BLVD.
#102
MIAMI FL 33172**

Mailing Address
**275 FOUNTAINBLEAU BLVD
140
MIAMI FL 33172**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1623411**

Applied For
Not Applicable

Zip Country Zip Country

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

**PIQUE, SILVIA
275 FOUNTAINBLEAU BLVD, #140
MIAMI FL 33172**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	LOPEZ-ONA, CARLOS E	
STREET ADDRESS	9150 FONTAINEBLEAU BLVD, #108	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEROZ, MERCEDES	
STREET ADDRESS	9140 FONTAINBLEAU BLVD # 201	
CITY-ST-ZIP	MIAMI FL-33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LOIS JANE	
STREET ADDRESS	9150 FONTAINBLEAU BLVD, #310	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VERNER, CHARLES	
STREET ADDRESS	9110 FONTAINEBLEAU BLVD, #402	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Arnaldo	
STREET ADDRESS	9110 Fontainebleau Blvd #403	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]* **APPROVED** 4/14/03 305-207-2343

CR2E037 (10/02)