

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28447

FILED
Jan 06, 2003
Secretary of State

Entity Name: FOUNTAIN HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6843 MAIN ST
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

6843 MAIN ST
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0102665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, WILLIAM E
6843 MAIN STREET
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, BETH,
Address: 6843 MAIN STREET
City-St-Zip: MIAMI LAKES, FL

Title: VD () Delete
Name: MARTINES, LUIS
Address: 6843 MAIN STREET
City-St-Zip: MIAMI LAKES, FL

Title: STD () Delete
Name: FEATHERS, EDWIN E.,
Address: 6843 MAIN STREET
City-St-Zip: MIAMI LAKES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MARTINES

VD

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date