## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002826

FILED Jun 01, 2005 Secretary of State

Entity Name: THE FOUNTAINVIEW CLUB NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
UNIT 1-A	NADA BLVD. ABLES, FL 33134		
Current Mailing Address:		New Mailing Address:	
2825 GRAI UNIT 1-A	NADA BLVD. ABLES, FL 33134	·	
In accordanc	59-6064793 FEI Number Applied For ( ) FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:		Certificate of Status Desired ( )  of New Registered Agent:
2825 GRAI UNIT 1-A CORAL GA The above	E, FRANCISCO L NADA BLVD ABLES, FL 33134 US named entity submits this statement for the purpose of	of changing its registere	d office or registered agent, or both,
in the State of Florida.			
SIGNATUF	RE:		 Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () Delete COSCULLUELA, MARIA E 2825 GRANADA BLVD 2A CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( ) Delete ARANGO, RUBEN C 2825 GRANADA BLVD 2B CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD ( ) Delete GONZALEZ, MARIA T 2825 GRANADA BLVD 3B CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD ( ) Delete COX, THOMAS L 2825 GRANADA BLVD 1B CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P ( ) Delete DEL VALLE, FRANCISCO L 2825 GRANADA BLVD 1A CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () Delete SOLIS, BEATRIZ 2825 GRANADA BLVD 3A CORAL GABLES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition

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: FRANCISCO DEL VALLE PRES 06/01/2005