

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004689

1. Entity Name

THE FOUNTAINS I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90210 038 \*\*\*\*61.25

Principal Place of Business

15645 S.W. 74TH CIRCLE DRIVE  
MIAMI FL 33193

Mailing Address

15645 S.W. 74TH CIRCLE DRIVE  
MIAMI FL 33193

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1049773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M  
ONE E. BROWARD BLVD.  
SUITE 1501  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Applicable) **ROBERT KRAMER**

~~XXXXX~~ 450 SW 88 TERR

City

PEMBROKE PINES FL 33025

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-2001

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KRAMER, ROBERT B  
STREET ADDRESS 450 S.W. 88TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE TD  
NAME BERGER, ARNOLD B  
STREET ADDRESS 450 S.W. 88TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE SD  
NAME MEYER, BETH  
STREET ADDRESS 450 S.W. 88TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**OMAIRA SINCLAIR (D)  
15655 SW 74 CR DR # 08  
MIAMI, FLORIDA 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

04-25-2001 1(954) 437-4663

Date

Daytime Phone #

CR2E037 (10/00)