. 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # N99000004689** 04-12-2005 90151 050 ****61.25 THE FOUNTAINS I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 440067 MIAMI FL 33144 15645 S.W. 74TH CIRCLE DRIVE **ZUUZJ6U1** MIAMI FL 33193 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-1049773 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent Frank Perez-Sian HERNANDEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 STREET 7001 SW 87 Ct 301 MIAMI FL 33184 Zip Code 33173 Miami 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change Addition THILE Delete BAEZ, FRANCISCO NAME NAME CABRERA, Shinuet 15645 S.W. 74TH CIRCLE DRIVE STREET ADDRESS STREET ADDRESS 7001 SW 87 CT MIAMI FL 33193 CITY-ST-7IP CITY-ST-ZIP <u> Miami. Fl. 33173</u> VD ☐ Change ☐ Addition TITLE Delete TITLE RODRIGUEZ, YADILEIDY NAME NAME 15645 S.W. 74TH CIRCLE DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP דמ Change ☐ Addition Delete TITLE r/p TIME NAME TORRES, MAGDA NAME TORRES, Magda 15645 S.W. 74TH CIRCLE DRIVE STREET ADDRESS STREET ADDRESS 7001 SW 87 Ct MIAMI FL 33193 CLTY-ST-7IP CITY-ST-ZIP Miami Fl: 33173 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 teport 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 oathlystee 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 a address, with all other like empowered.

D TYPED OR PUITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED